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Norma	OF DEFICIENCIES CORRECTION	E & MEDICAID SERVICES (X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:		LDING	CONSTRUCTION	COMPLETED R 02/22/2907	
		096168	1		T ADDRESS. CITY, STATE, ZIP COD		ZIZOU Į
12 OF Pf	COVIDER OR SUPPLIEF	t of the second			T ADDRESS. CRY, SIMIE, AIF COL MILITARY RD, NW	/ G	
MHOL					SHINGTON, DC 20015		
		- orderucies	סו	l	PROVIDER'S PLAN OF COR	RECTION	COMPLETION (
A) ID REFIX TAG	ハー・カン・カクラ(ごう)を	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREF		LEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE UPPROPRIATE	DATE
(000	INITIAL COMME	NTS	{W (200}			
	22, 2007 to deter	y was conducted on February inine the facility's compliance level deficiencies that insediate and serious threat to rety of clients.					
!	on observations a as well as a revie records, including	end staff interviews in the home of client and administrative incident reports. The made that the the client was reliate Jeopardy. However, the				2001 MAR	BEPARI HEALI ADM
	facility remained	not in compliance with the ricipation in Governing Body, and Health Care Services.		-		20 P %	ECEIVED HEAL HREGULATION
	from January 30 On February 1, 2 the Conditions 0	entification survey was conducted; 2007 through February 3, 2007. I 1707, the survey was extended in f Client Protections and Health eview of 170ing emergency room visits				07	THE STATE OF THE S
	with no puise; (2) Client #2's m sedation and dr. serious cardiava (3) monitoring at	edication regimen (including PRN ups with potential for producing scular side effects); nd coordination of Client #2's					-
	treatment needs with his parents (4) monitoring a	i, safety and due process rights and and coordination of Client #2's					!
,	health care serv	ines, across disciplines. y 1, 2007, immediate Jeopardy ter the facility failed to	1		•		
	demonstrate the	it it had ensured the safety of imea, including weekend visits					, (X9) DATE
- H	DALLALA	OVIDERISUPPLIER REPRESENTATIVE'S SIG	אלא	[']\$	TITLE Of the excused from correcting the findings stated	3	20107

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	001 02.55 Inc.	AND THE PART CERVICES				PRINTED: FORM A	(PPROVED
DEPART	MENT OF HEALTH	AND HUMAN SERVICES				OMB NO.	
CENTER	S FOR MEDICARE OF DEFICIENCIES	& MEDICAID SERVICES	(X2) ML	LTIPL	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
TATEMENT NO PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A BUIL	DING		, F	1
		200400	E WIN	G		02/22	/2007
		09G168	·	TEF	ET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PE	ROYIDER OR SUPPLIEF		1	307	12 MILITARY RO, NW ASHINGTON, DC 20016		
MHOL TO		·		W	THE PARTY OF THE PARTY	CION .	[X-5]
(X4) ID PREFIX TAG	SLMMARY S (EACH DEFICIEN: REGULATORY OR	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COPRIATE	COMPLETION COATE
			(W 0	00}			2/23/07
(W 000)	Continued From	age 1	***	İ	St. John's Community Services	s seeks	Ì
	with his parents. 483,418 GOVERI	JING BODY AND	(W 1	02}	to ensure that the individualize	d	i i
(W 102)	, 483,410 GUVER! , MANAGEMENT	THE BOD I THE		ĺ	service/treatment plans are		†
	1			!	comprehensive and all reviews	ed on a	1
	The facility must	ensure that specific governing.		{	regular basis to ensure that all	needs	
	body and manage	ment requirements are met.		į	are met		1
er L.	İ	Ş				ioes	
er De				i	1. St. John's Community Sen	VICES	Ì
,	i en in contribution	is not met as evidenced by:		į	seeks to ensure that the		İ
		31 B. I ID EMPIRALY 1. 244.1		1	support/treatment plans are ti	torougn	1
1 		그러나 1965년 11년(기본) 1861년(1월) 1872년 - 1			and benefit the individuals se	rved.	Ī
		MANAGERIANS MAN MAN AND AND AND AND AND AND AND AND AND A	i		SJCS has been completing a	reviews	Ì
	the safety of Clie	int#2 at all times, including the his parents. The primary	<u> </u>		and developed assessments	of the	ļ
ì	weekend visits w	ed were as follows:			each individuals needs to en	sure	
)				comprehensive monitoring.	A copy of	:
	1. The governin	body failed to establish and	}		such documentation was pro	vided.	1
			\ :		such documentation was pro-		
		treatment plan and options, to plansion of potential risks and			A treatment plan meeting wa	s held on	į
1	include clear exp	used medication regimens.			2/23/07 that included the Dir	ector of	1
}	,		1		2/23/07 that included the S.	house	;
1	Client #2's preso	ribing psychiatrist had conducted			Nursing, Director of CLS-DC	ad the	? !
1		NODIC WEDICARDITIES AND A COURSE	{		manager, QMRP, parents a	iu ui⊊ 'kia a¤	. !
1		v of the monthly PMR falled to show evidence that the	ĺ		individual to discuss all med	cations on	i -
		またへんはつくつい かいさい いんだい はっちゃん マ	!		his current regimen with the	risks and	Ì
					benefits. The parents were	provided a	
3			Ì		list of all the medications be	ing	
See A		Jamanne Mari Deell Greet	1		administered along with the	ir risks and	1
*		explained to the client's parents. Sient's records also failed to show	í		benefits. The parents signe	d off on the	∌ ¦
ð	(ir ni intercoisciulii izi i izeeni i 'Yes	1		Informed Consent for the U	se of	
10) 11)	·	MANIA AND NEKS WISSOLITIES THAT	1		Medications. ***The parent	s attend all	;
A		4. P. COCCOLOGIC CONTINUES MINISTER AND A	1		Medications. The parent	histriet	1
1	# Ab.(1)	こっきょうもの をかいうわいけ ひんりりん いんいく	į		appointments with the psyc	anguist.	;
	visits, to ensure	the client's health and safety.	[1		heel Page 2 c

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PRINTED: 03/12/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (K3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SLIPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A BUILDING AND PLAN OF CORRECTION B. WANG 02/22/2007 09G158 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3012 MILITARY RD, MY WASHINGTON, DC 20015 ST JOHN PROVIDERS FLAN OF CORRECTION (XS) COMPLETION CLATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENTY MUST BE PRECEDED BY FULL) REGULATORY OF LSC IDENTIFYING INFORMATION) TEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X4) 1D TAG PREFIX DEFICIENCY! TAG (W 102) (W 102) Continued From page 2 The governing body fatled to ensure that the 2. During the treatment plan meeting the facility implemented a system to document Client #2's behaviors and administration of medications parents received training on how to during weekend visits with his parents. properly document the medication they are administering to their child while in A bottle of Chiora Hydrate sedative had been the home. The parents will be provided prescribed and filled on October 11, 2006. Interviews and repord review revealed that the MAR forms to sign off on the prescribed Chloral Hydrate had not been administered in the medication at the appropriated time. The facility; it was used during home visits with his parents. The bottle was approximately 55% full at parents reported that they understood the time of the su vey. There was no the importance in relation to their son's documentation, it owever, of the date, time or health. amount administered of this and other medications he received during the family visits. It should be notes: that Chloral Hydrate is a Schedule 3 drug. The disposition 3. The PCP and the Medical Team (use/administration) of the medication was not completed a thorough evaluation of #2's being recorded in accordance with federal law. medical record on 2/1/2007. The evaluation went back to 2004. A 3. The governing body falled to ensure that Client diagnosis of syncope was the result and #2's medical team thoroughly investigated health he was prescribed Fludrocortisone. The emergencies, to include comprehensive and etiology of the fainting spells is still being timely evaluation: to determine the etiology of investigated. #2 saw the cardiologist recommended an event monitor for 30 fainting and pulse-less episodes. days. He still has another week with the Staff Interviews and review of Client #2's medical monitor and then he will follow-up with the cardiologist. ***It is important to note chart revealed ongoing trips to hospital emergency rooms. He experienced two fainting that the team was in process of episodes in September 2006. Staff interviews completing a comprehensive review of all indicated that the cause had not been diagnoses for Client #2. Client #2 determined. Irrspection of the hospital discharge syncope goes back to 2004 during long summaries indicated low blood pressure and term hospitalization of NMS. Chlordehydration; however, the precise cause of the Hydrate was never administered. low blood pressure was not identified.

On January 29, 2007, Client #2 was again rushed

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ENTERS	FOR MEDICARIE	& MEDICAID SERVICES & MEDICAID SERVICES [XT] PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MU A, BUIL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
) PLAN OF	CORRECTION	09C188	B. WIN	g		02/22/7	2007
· · · · · · · · · · · · · · · · · · ·	the same safe	090146	1	STREE	T ADDRESS, CITY, STATE, ZIP CODE		
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T JOHN	CIMMARY S	ATEMENT OF DEFICIENCIES	ID PRSFI	x .	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP		(X5) COMPLETION CATE
(X4) ID PREFIX TAG	(EACH DEFICIENT) REGULATORY OF	ATEMENT OF PRECEDED BY FULL Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG		CROSS-REPERCHONICY)		
	Continued From [aqe 3	(W 1	02}			
				ļ		 	
Ì	consciousness at	his day programs and the day		!		-	
	program nurse re	portedly was unable mined		ļ			
1							
	Hydrate duting th	B MGGKBUG tuttiteoners			•		
	preceding the inc					Ì	
	The systemic offi	ect of these practices results in governing body to adequately	•	:			
	the failure or ma-	em the facility and to ensure its the condition of Health Care	•				
١,	Candoon		₩	104)	St. John's seeks to ensure that a	Il incidents	
(W 104)	483.410(a)(1) G	DVERNING BODY	-	- •	i are reported to all appropriate p	arties. The] }
•	1	ody must exercise general policy, rating direction over the facility.			Incident Management Coordinat responsible for ensuring that all completed and reported in accor regulations. In the future the It	incidents are rdance with	
	•		Ì.		that all incidents are reported to	the	
	This STANDAR	is not met as evidenced by:			appropriate entities.		
	Based on obser	ration, interview and resource			1. The Incident Managemen	t Coordinator	-
	coerating direct	DU OAGL DIE IRCHIN AVANTE			reviewed the incident reporti	ng protocol	2/1/07
	the following an	ąas:	1		on 2/1/2007 with the QMRP.	, RTL, LPN,	
	The findings in	ade:			and the DON which included	incident	:
}		The governing body	1		reports, the reporting protoc	ol and all .	! !
	falled to implet	DRUE GU INTELLISM CACOURT			parties that need notification	n. Everyone	!
	system to deter	CI Wê DROAMB.	Ł		has an understanding of the	e reporting	
	a Facility staff Health of all ind clients' health	f failed to notify the Department of cidents that presented a risk to the and safety.	3		protocol.		
i i		f failed to complete an incident ing informed by day program staff	, [f continuation sh	

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3/13/2007 02:35 FAX 20	AND HUMAN SERVICES				PRINTED: 03 FORM API OMB NO. 09 (X3) DATE SURV	38-0391
ENTERS FOR MEDICARIE	& MEDICAID SERVICES (X1) PROVIDENSUPPLIENCUA (DENTIFICATION NUMBER:	(X2) MU		CONSTRUCTION	COMPLETED	
PLAN OF CORRECTION		B. WING	à		02/22/2	007
	0 0 G168	i .		T ADDRESS, CITY, STATE, ZIP CODE	-	
ME OF PROVIDER OR SUPPLIEF		1	3012	MILITARY RD, NW SHINGTON, DC 20015		
T JOHN	TEMENT OF DEFICIENCIES	(D PREFIX	\neg	PROVIDER'S PLAN OF CORRECT (EACH GORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR		(XS) Date Date
REPIX TAG TEACH DEFICIENT OF L	TEMENT OF PRECEDED BY FULL WILD BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	TAG		CROSS-REFERENCENCY)		
by a staff person. c. The facility's characteristic incident reports upon the unknown origin. 2. The governing implement a systimplement a systimplement a systimplement a systimplement a systimplement, and other decision-makers, information regard proposed treatment of the unit o	large nurse failed to complete con discovery of injuries of body failed to establish and ern to document that Client #2's regally-authorized healthcare received all pertinent ding the benefits and risks of ents, including potential side interactions.	(W 15		2. At the treatment plan meeting 2/23/07 the parents of #2 was placed limited guardianship paper. The parents provided the signer notarized guardianship paper. 3/6/07 for #2. It has been placed medical and ISP book. The parenter provided a list of all the medications being administers with their risks and benefits. The parents signed off on the Information Consent for the Use of Medical This is being done for all indiviserved.	vork. d ork on ed in the rents d along he med ations.	2/23/07
recordkeeping s	develop and maintain a stem that documents the client's e treatment, social information, the client's rights.			St. John's Community Service ensure that all records are cur indicated in the Compliance N	rent as	
Based on intermal facility failed to restrict that contained at the active client residing in the facility failed	is not met as evidenced by: ew and record verification, the realistain a record keeping system I pertinent client information in files, for three of the four clients ciclity. (Clients #1, #2 and #4) evide: eservation of the morning servation of the morning served. His Medication Record (MAR) for January 2007 spirin had been discontinued on 2007 and another medication, seen started, the following day.	s		1. #1 went to the ER on 1/13/discharged on 1/15/07. The aphysician recommended that discontinued and prescribed 200mg. The information was communicated to the PCP a on the Physician's order on There is a P.O. in the medic indicated the discontinuance	attending aspirin be Aggrenox and annotated 1/19/07. al book	1/19/0

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PRINTED: 03/12/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION COMPLETED (K1) PROVIDERUSUPPLIENCLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING 02/22/2007 B. WING 09G168 STREET ADDRESS, CITY, STATE, ZIP CODE 3012 MILITARY RD, NW NAME OF PROVIDER OR SUPPLIER WASHINGTON, DC 20015 (X6) COMPLETION DATE MHOL TE PROMOER'S FLAN OF CORRECTION [EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENTY MUST BE PRECEDED BY FULL REGULATORY OF LISC IDENTIFYING INFORMATION) ID の食色円X (XA) 10 PREFIX TAG DEFICIENCY TAG W 111] Continued From page 5 (VV 111) dated January 16, 2007, for the Aggrenox; however, there was no PO for stopping the 2. The Director of Nursing will check with aspirin. Interviews with the LPN Charge Nurse the PCP to see if he has the results of and the primary care physician later that day the biopsy or request for the results from confirmed that the aspirin had been discontinued. Upon review of the chart, the Charge Nurse Sibley Hospital to have in the medical confirmed that there was no PO for d/cling the record. aspirin. During the treatment plan meeting the 2. Review of Client #1's chart revealed that he had undergone a colonoscopy on September 7. parents on 2/23/07, they received training 2006. The hospital records indicated that 3 on how to properly document the polyps had been removed, with biopsies to be medication they are administering to their performed. Further review of the record and interviews with the LPN Charge Nurse revealed child while in the home. The parents will that the facility had not sought to obtain the be provided MAR forms for all home results of the bic poles for the record. [Note: visits to sign off on the prescribed Interview with the primary care physician on January 31, 2007 revealed that he had received a medication at the appropriated time. The letter indicating that the polyp tissues were parents reported that they understood the benign.) importance in relation to their son's On a bi-weekly basis, the facility was releasing health. This training will be completed Client #2 to his parents for home visits. His with all the families. parents administered medications during the home visits but were not documenting the date, 4. A complete chart review was time or amounts of any of the medications administered. The facility had not established a completed on 2/1/07 that included all the system for keeping the client's chart current, for risks associated with #2 current medications administered outside the home. medication regimens. This information 4. The facility had not documented in Client #2's was also shared with his family. The chart a full review of the risks associated with his family has completed the limited current medica lon regimen and treatment plan, guardianship paperwork to be the and potential for drug interactions, with the client's parents, who served as his designated surrogate surrogate decision-maker on #2's behalf. nealthcare decision-makers. 5. A nursing progress note dated July 5, 2006

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES B MEDICAID SERVICES		TOUCTON	FORM APPROVE OMB NO. 0928-039 (XI) DATE SURVEY	
earceachi7	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUIL		COMPLETED R	
•		09G168	B, WIM			12001
	NOVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CO 3012 MILITARY RD, NW WASHINGTON, DC 20015		
(XA) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	ID PREFI	PROVIDER'S PLAN OF CO	E APPROPRIATE	(XS) COMPLETIÓN DATE
TAG	Continued From ;; indicated that "switz"s sacral areatrom an overnight nurse did not deston the sacral areatrain of comman further investigate facility's policies. Chart revealed the (PCP) examined 2006. The PCP IND." The client later, on July 26, wrote "no drainate at 11:43 AM, inte Nurse revealed an abscess." Mis a pressure sore.	page 6 elling" was observed in Client The client had just returned visit with his parents. The cribe in detail what he observed a and did not report it up the d; therefore the injury was not ad by the QMRP, as per the Further review of the client's at the primary care physician him two days later, on July 7, recommended "surgery clinic went to a surgery clinic 19 days 2008, at which time the chnician ge noted." On February 1, 2007 rview with the LPN Charge hat he thought it had "looked like ments later he said it had been He was unable, however, to find	3	5. The nurse identified swisscral area on July 5, 200 that he see his PCP. He surgery July 7, 2006 because that PCP was in the office. The examined him and called clinic to make an appoint earliest day #2 could be surgery 26, 2006.	6 and request aw the PCP on was when the PCP the surgery ment. The	
	the nature of the not provide suffice accuracy in what accuracy in what is a continued for her manager/TMEs temporary use dated April 24, recommended There was no storder had been discontinued the receiving treatment of the continued the receiving treatment is a continued the receiving treatment is a continued the receiving treatment is a continued the receiving treatment is a continued the receiving treatment is a continued the receiving treatment is a continued the receiving treatment is a continued the receiving treatment is a continued to the continued the receiving treatment is a continued to the continued the receiving treatment is a continued to the continued	"swelling." Client #2's record did significant information to ensure it was being reported. anuary 2007 POs included altories, I suppository rectally as intrincids." The House said he thought this had been a Hospital discharge papers, 2006, indicated they had the suppositories for 7 days. Widence, however, that the original reme-limited and/or that the PCP is PRN suppositories since mant in April 2006. Individual Support Plan (ISP) as observed onsite during the first contents, such as fieldication Review sheats, were	23	6. Anusol Suppositories for as needed basis for The PRN order is on the Order. 7. The original ISP boo 3/7/07. It was found in another home with all in the van prior to the s	#4 hemorrhoids e Physicians k was located on the van of ts contents. It was	3/7/07

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EPARTI	MENT OF HEALTH	AND HUMAN SERVICES		and the second s	OME NO.	0938-0391
ENTER	S FOR MEDICARE	& MEDICAID SERVICES	(X2) MULTIF	LE CONSTRUCTION	COMPLE	TED
	of Deficiencies Correction	DENTIFICATION NUMBER:	A BUILDING		1	Ŕ
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(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENCY REGULATORY OF:	atement of deficiencies Y Must be preceded by full LSC (Dentifying Information)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		DATE
(W 111)	examined initially conduct the reconduct the reconduct the reconduct third day, the entire while copies of country and placed in a 're the facility's admit they could not verifuction with the country of the the country of the the country of the the country of the the the the the the the the the the	However, when it was time to diversification process on the e-book was deemed "missing." comments were later retrieved econstituted ISP record book, histrators acknowledged that hity with certainty that all as available for review. PROTECTIONS ensure that specific client	(W 111)	was the duplicate abbreviated ISP book that is maintained at	CODY OF THE	
	Based on obsenteview, the facility had been develor or legal guardian risk of treatment [See W124]; fall sedatives had behavior Support	I is not met as evidenced by: vation, interviews and record ty falled to ensure that a system ped to inform each client, parent of the client's behavioral status, and the right to refuse treatmen at to ensure that the use of ten incorporated into the client's rt Plan [See W128]; and facility ent policies that ensure each at safety [See W148].		St. John's Community Service ensure that all client protect safeguards are in place as in current policies and procedu	ions and idicated In	
(W 12	The effects of the the failure of the potential harm and well being. 483.420(a)(2) FRIGHTS	lese systemic practices results in facility to protect its dients from and to ensure their general safety ROTECTION OF CLIENTS		14}		
	Therefore the to	t ensure the rights of all clients. incility must inform each client, lent is a minor), or legal guardian redical condition, developmental status, attendant risks of			if continuation	

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INME OF PROVIDER OR SUPPLIES: ST JOHN STANDARY STATEMENT OF DEFICIENCES (MA) TO SUMMARY STATEMENT OF DEFICIENCES AND SHOULD BE CARRESTION. THE STANDARY IS NOT THE APPROPRIATE OF THE APPROPRIAT	ENTERS	S FOR MEDICANS	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROMDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION	OMB NO. 0938-039 (X4) DATE SURVEY COMPLETED R 02/22/2007	
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SUMMARY STATEMENT OF DERICIENCIES PREFIX REQUIATORY DILLSC IDENTIFYING INFORMATION) PREFIX TAS W 124) Continued From page 8 treatment, and of the right to refuse treatment. This STANDAR!) is not met as evidenced by: Based on interview and record review, the facility failed to document that each client and/or their legal represents ive received a thorough review of the client's treatment plan and alternative options, to include a clear explanation of the benefits potential risks of treatment, including psychoactive drips, and the right to refuse treatment, for two of the two clients in the sample. (Clients #1 and if2) The findings include: 1. On January 30, 2007, beginning at 10:13 AM, the recently-hired Qualified Mental Retardation Professional (QMRP) and the House Manager (HM) were interviewed at the onset of the survey. They indicated that none of the clients had court-appointed guardians. The immediate-past QMRP and the newly-assigned QMRP were interviewed the following morning. The past ONTO professional interviewed in the professional interviewed in the professional interviewed in the professional interviewed in the professional interviewed in the professional interviewed in the concept of a "durable ounderstand the co	AME OF PR	ROYDER OR SUPPLIE			3012	2 MILITARY RD, NW		
DAYIND REGULATORY ON LISE IDENTIFYING INFORMATION) W 124} Continued From page 8 treatment, and of the right to refuse treatment. This STANDAR() is not met as evidenced by: Based on interview and record review, the facility failed to document that each client and/or their legal represents live received a thorough review of the client's treatment plan and alternative options, to include a clear explanation of the benefits potential risks of treatment, including psychoactive drugs, and the right to refuse treatment, for two of the two clients in the sample. (Clients #1 and iP2) The findings include: 1. On January 30, 2007, beginning at 10:13 AM, the reconty-hired Qualified Mental Retardation Professional (QMRP) and the House Manager (HM) were interviewed at the croset of the survey. They indicated that none of the clients had court-appointed guardians. The immediate-past QMRP and the newly-assigned QMRP were interviewed the following morning. The past conditions are considered to understand the concept of a "durable outcless of the average of the mental to understand the concept of a "durable outcless" in a volution of the varieties of the survey. They indicated that none of the clients had court-appointed guardians. The immediate-past QMRP and the newly-assigned QMRP were interviewed the following morning. The past	MHOL TO		- PUPIEC	10	-WA	FROVIDER'S PLAN OF CORRECT	TELLED TOPIC	(XS) COMPLETION
treatment, and of the right to refuse treatment. This STANDAR() Is not met as evidenced by: Based on interview and record review, the facility failed to document that each client and/or their legal represents are received a thorough review of the client's treatment plan and alternative options, to include a clear explanation of the benefits potential risks of treatment, including psychoactive drigs, and the right to refuse treatment, for two of the two clients in the sample. (Clients #1 and #2) The findings include: 1. On January 30, 2007, beginning at 10:13 AM, the recontly-hired Qualified Mental Retardation Professional (QMRP) and the House Manager (HM) were interviewed at the onset of the survey. They indicated that none of the clients had court-appointed guardians. The immediate-past QMRP and the newly-assigned QMRP were interviewed the following morning. The past ONTER enorghouse that none of them had	PREFIX	SUMMARY ST (EACH DEFICIENC REGULATORY DE	ATEMENT OF DENICENCES Y MUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	PREFI		CANCE REFERENCED TO THE APPL	ROPRIATE	DATE
Faised on interview and received a thorough review of failed to document that each client and/or thair legal representative received a thorough review of the client's treatment plan and alternative options. To include a clear explanation of the benefits potential risks of treatment, including psychoactive drings, and the right to refuse treatment, for two of the two clients in the sample. (Clients #1 and i#2) The findings include: 1. On January 130, 2007, beginning at 10:13 AM the recently-hired Qualified Mental Retardation Professional (QMRP) and the House Manager (HM) were interviewed at the onset of the survey. They indicated that none of the clients had court-appointed guardians. The immediate-past QMRP were interviewed the following morning. The past understand the concept of a "durable of the explanation that none of them had."	W 124)	Continued From parentment, and of	age 8 the right to refuse treatment.	{W 1	24)		 	
1. On January 30, 2007, beginning at 10:13 AM, the recently-hired Qualified Mental Retardation Professional (QMRP) and the House Manager (HM) were interviewed at the criset of the survey. They indicated that none of the clients had count-appointed guardians. The immediate-past QMRP and the newly-assigned QMRP were interviewed the following morning. The past understand the concept of a "durable of the concept of a "dura		failed to document legal representation to include a clear potential risks of psychoactive drift treatment, for but	w and record tend and/or their interpretation of the tender of the tender of the tender of the tender of the tender of the tender of the tender of the tender of the tender of the two clients in the sample.					
guardians. Client #1 was without anyone legally-authorized to represent his rights. The past QMRP further stated that Client #1 had the capacity to process information and could make informed decisions if/when things are explained to him. This was reportedly outlined in the Individual Support Plan (ISP). The new QMRP concurred, saying that the psychologist thought the client had the capacity to process information and ability to sign a power of attorney. It is explained to concrete terms that are relevant to his prior experiences and are broken down into small units of information to which he can give brief verbal responses, and if someone in his life appropriate to serve in this capacity."		the recently-hires Professional (Q.) (HM) were inter- They indicated (C.) (CONTROLLED INTER- COURT-appointed (CONTROLLED INTER- COURT-APPOINTED INTER- COURT-APP	id, 2007, beginning at 10:13 AM, if Qualified Mental Retardation MRP) and the House Manager riewed at the onset of the survey, hat none of the clients had guardians. The immediate-past newly-assigned QMRP were following morning. The past ed that none of them had not #1 was without anyone and to represent his rights. The their stated that Client #1 had the cass information and could make ons it/when things are explained to reportedly outlined in the Individual SP). The new QMRP concurred, psychologist thought the client has process information and shifty to	d		specifically states "he require when making major life decis also states that he " may be understand the concept of a power of attorney" if it is explicance terms that are relevant experiences and are brinto small units of information he can give brief verbal respir someone in his life appropri	e guidance sions". It able to "durable lained in vant to his token down in to which conses, and	2/4/07

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DEPARTA	MENT OF HEALTH	AND HUMAN SERVICES 8 MEDICAID SERVICES	Toronto	TIPLE CONSTRUCTION	FORM A OMB NO. ((XS) DATE SUF COMPLET	LVEY
· · · · · · · · · · · · · · · · · · ·	ne nestriencies	(X1) PROVIDER/SUPPLIER/CLIA	A BUILE		R	
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		09G168	1 ,			
IAME OF PR	OVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP C 3012 MILITARY RD, NW WASHINGTON, DC 20015		
st john				THE PART OF BUILDING THE CO	PRECTION	(X5) COMPLETION
(X4) 1D PREFIX TAG		ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFU TAG	I ALL CARRECTIVE ACTIC	E APPROPRIATE	DATE
(W 124)	contradictory docu capacity to process obtain written cons	umentation as to the chemis is information, and a failure to sente prior to surgical	{W 12	The face sheet is updated m	onthly and dated	2/10/07
ı	procedures, as followers.	dated) indicated "Guardianship:		on the bottom of the sheet. As stated during the survey,	the need for	
	for such Issues a: "Medical Conser: were all left blank	eral standardized consent forms s "Community Participation," t" and others; however, they ; and unsigned.		guardianship was represente documentation to be acquire he is not able to participate conversation.	ed so that when	
	arrangements the autopsy" checked by Client #1 (online Hospital discharge	rge papers dated 9/7/06 had his		St. John's Community Servi improving the documentation transpires with the individue #1 greatly participates in hexplained all information at plan.	on of what als served. Client Is care and is	į
	and understand persons represe form. The client colonoscopy per was no evidence associated with been explained someone else hithe procedure.	the above institutions the above institutions the client had signed the had 3 polyps removed during a stormed earlier that day. There is that the benefits and risks performing a colonoscopy had no Client #1 or that he or had signed a written consent for				
	- Court docume his commitmen statute was con	ints dated 10/13/06 indicated that I to services under the State MR sinued.				1
	decisions conc	5/3/06, included the following: "I rovide independent/informed sming my habilitation, planning, randial matters due to my However, these matters should			of medianation oh	

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CENTER!	MENT OF HEALTH S FOR MEDICARI OF DEFICIENCIES CORRECTION	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLER/CLA (DENTIFICATION NUMBER: 09G108	(X2) MA A. BUR B. WIN	LDING IG	CONSTRUCTION	(X3) DATE S COMPLE	0938-0391 URVEY ETEP R 2/2007
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инос та		or perciencies	ID.		PROVIDER'S FLAN OF CO	IN SHUULD DE	(X6) COMPLETION DATE
(X4) 1D PREFIX PAG	SUMMARY ST (EACH DEFICIENT REGULATORY OR	Atement of Deficiencies In must be preceded by full Lec Identifying Information)	PREF		CHOSS REFERENCED TO TH DEFICIENCY	E VILLE OF AN INTERNITY	
(W 124)	be explained to mand consideration - Psychological E- indicated modera and moderate/ser evaluation also in guidance when mand that are relevant broken down into may be able to man about his resider habilitation. However, the client's recommendation or time the concept of desired that are relevant about his finance to the concept of desired that recommend the concept of desired that concept of the client's recommendation or time the concept of the conc	e on the level that i understand should be given to my input" I aluation Update, dated 5/2/06, its mental retardation cognitively, were retardation adaptively. The included the following: " (equires taking major life decisions. If of his options in concrete terms to his prior experiences and are smaller units of information, he take independent decisions take independent and day ever, he can be expected to from others who represent his are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are it comes to making decisions are the power of attorney" I all did not reflect further ability discussion by the team regarding the client's ability interview with the QMRP and the information are affidavits work affidavits work in the client's record. Review in the client's record. Review in the client's record. Review in the client's record. Review in the primary cane physician's was date they primary cane physician's was date they are there was no person of the primary cane physician's was date they are there was no person of the primary cane physician's was date they are the payent the primary cane physician's was date they are the payent the primary cane physician's was date they are the payent the primary cane physician's was date they are the payent they was no person of the primary cane physician's was date.	ry d	1243			
· [eugik ideurged	l to represent the client's rights.			ad'iy (D, 09G188	If continuation	sheet Page 11

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EPARTM	ENT OF HEALTH	AND HUMAN SERVICES		<u>., —</u> .		OMB NO. 0938-0	
ENTERS	FOR MEDICAPE	& MEDICAID SERVICES	(XZ) M	uLT:Pl	ECONSTRUCTION	COMPLETED	
ATEMENT OF	DEFICIÊNCIES CORRECTION	IDENTIFICATION NUMBER:	A. BU	LDING		R	
O PERMISE A				1G		02/22	2007
		096168	<u> </u>		ET ADDRESS, CITY, STATE, ZIP CODE		
ME DE PRO	MOER OR SUPPLIEF			30	12 MILITARY RD, NW		
				W	Ashington, DC 20015		
HOLL T			10	┷╌		TION .	(XS) COMPLETION
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N 124} (Continued From p	page 11	{W :	124}	·		
			'		,		1
11	1/ A FYFT PA 1/1	I that Client #1 was taken to a muary 13, 2007 after he and					,
5	nospital sin on wi stati determined :	hat he could not stend up or					!
							1
							1
		ABANAM IN DIS INCUICATANA.			a.		ŀ
Ī		i on January 30, 2007, at 6:52 knowledged that the hospital had			1	•	1
1						_l _efficiencit	
!			}		2. A medical and psychologic	al amidavit	
			ļ		had completed in the evident	#1 is ever	1
Į	the change from	aspirin to Aggrenox to prevent	ļ		in a state where he is unable	to state	1
	strokes,	·	l		whether or not he wants to ha	eve a	
	in on Innuew 3	io. 2007, beginning at 10:13 AM,			medical procedure done. The		
	la caractica Maister	7) L JULIUN DE DOMENTO (COMO 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1		documents were re-submitte		į
					assigned case manager to b	e submitted	ì
	1	THE THE REPORT OF THE PARTY OF	İ		assigned case manager to b	uardian	Ì
		小伙子 医二甲氏氏管骨髓炎 计分类计划 经收益证	ļ		and have a limited medical g	uardian	
	effectively to pro	Will imply the care and	ļ		appointed.		i
		THE STATE OF THE PROPERTY OF T	Ì			se bald on	i
					A treatment plan meeting wa	is neid on	1
					2/23/07 that included the Dir	ector of	į
		PERMANE RECIGION FOR COMPANY OF SAME			Nursing, Director of CLS-DC	, house	
		Fridual medications as well as the gative drug interactions) had been	,		manager, QMRP, parents a	nd the	
			ļ		individual to discuss all med	lications on	1
			f a i		his current regimen with the		l
			71		benefits. The parents were	provided a	
		CARRO INDVICTOR INJUSTICATION	•		list of all the medications be	ina	1
		s attended most of his medical triam meetings and monthly visits					!
	appointments, to the psychiati	rier's office.			administered along with the	d off on the	
					benefits. The parents signe	u on on me	;
	The following n	medications were included in Clier	u		Informed Consent for the U		
1					Medications. The Chloral H	lydrate was	İ
· J	□ Diphenhydrám	ine 25 mg cab (Benadryl) 1 cap a	1		ł.	continuation sh	

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DEPARTME	NT OF HEALTH	AND HUMAN SERVICES	· 		OMB NO.	approved 0938-0391
CENTERS F TATEMENT OF E NO PLAN OF CO	OR MEDICAFIE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(XX) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MD PDM C1. CC		09G168	B. WING		62/2	2/2007
NAME OF PROVI	der or supplied		\ 3	eet address, city, state. Zip co D12 Military RD, NW Vashington, UC 20015	DE	•
NHOL T2			¥	PROMINERS DI AN OF COR	RECTION	(A5)
(X4) ID PRÉFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
be 1 (Confort my Confort cap daily; Benzir ogentin) 1 tab a coling; Trilepta a selzure preventioning; Trilepta a selzure preventioning; Trilepta a selzure preventioning tab (Klonopin) imptoms related usifenesin Synip aspoons twice dayup 240/mi (Rulaily, as needed (Clozarii) 2 tabs at bed and written order all take 5 mi at bed dition to the merculation to the merculation to the merculation for behavior and written order all takes as needed and experience of the climation registred and experience that the weighed the ben weighed the ben the treatment play wisits, to ensure Additional intervious that the contract of the coling and other	age 12 a Sodium 100 mg cap (Colace) opine MES 2 mg tab nce a day for excessive 300 mg tab 1 tab twice a day tion; Fludrocortisone 0.1 mg tab ity for eczema; Clonazepam 2 1 tab 3 times a day "for to psychotropic dx"; 2.240/mi (Robitussin) 2 fally treatment; Gualfanesin bitussin) 2 teaspoons twice PRN); Clozapine 100 mg tab very moming, 2 tabs at noon time. In addition, there was a r for Choral Hydrate 500 mg/5 addime as needed for sleep. In addications, the client's plan one staff supervision, 16 hours intervention and safety. Intervention and safety. Intervention and safety. Intervention and safety. Intervention and safety. Intervention and conducted apic medication reviews (PMR). Ited to show evidence that the sociated with the client's nen (possible side effects from stions as well as the potential for eractions) had been clearly plained to the client's parents. In till interdisciplinary team had efits and risks associated with in, including but not limited to the rdrate sedation during home the client's health and safety. I facility staff revealed no parents had been fully informer isks associated with their son's		The parents indicated in the plan meeting that the psych reviews with them the curre medications along with the benefits. #2 continues to recon-one services for behavior intervention and safety. The Nursing called the Psychiat asked that documentation that the current medication along with the risks and sidincluded in the medication.	naturation nt and the ceive one- or Director of rist and oe provided regimen e effects are		

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	07 02:39 FAX 2	AND HUMAN SERVICES	,		FORM OMB NO	03/12/2007 APPROVED 0938-0391
CENTERS	FOR MEDICARE	A MEDICINIO	(XZ) MULTIPL	E CONSTRUCTION	(X3) DATE S	TEO
wearent A	LE ARRICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING		1	R
ND PLAN OF	CORRECTION	i i i i i i i i i i i i i i i i i i i		·	02/22/2007	
		096168	B. WING	TO NOTE THE POOR	<u></u>	
			STRE	ET ADDRESS, CITY, STATE, ZIP CODE 12 MILITARY RD, NW		{
NAME OF PR	OVIDER OR SUPPLIEF.		30	ASHINGTON, DC 20015		
MHOL TS			, , 	THE PROPERTY OF AN INTERPRETATION	CTION	(X3)
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		13	(W 124)			! !
{W 124}	Continued From treatment plan.	nage 13				
(W 128)	Client #2's parent for the use of the including medical addition, review a Committee minus previous 12 mon subject of medical interactions or old Client #2's parent been addressed. 483.420(a)(6) PRIGHTS The facility must Therefore, the factor unnecessaries and an reduce dependent restraints.	ensure the rights of all clients. cility must ensure that clients are assary drugs and physical as provided active treatment to ancy on drugs and physical	(w 128)			
	Based on staff facility failed to (Chloral Hydrathis parents) has #2's Individual Support Plan (IThe findings in 1. On a bi-wee Client #2 to his	clude: skly basis, the facility was releasing parents for home visits. His lettered medications during the	ng			
	والمستحدث والمستحدث	t were not documenting the date, but of any of the medications			Alle males as	enast Page 14 of

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PRINTED: 03/12/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0935-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES a Building AND PLAN OF CORRECTION 02/22/2007 B. WING 09G158 STREET ADDRESS, CITY, STATE, ZIP CODE 3012 MILITARY RD, NW NAME OF PROVIDER OR SUPPLIES Washington, DC 20615 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION MHOL TZ (EACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OF LISC IDENTIFYING INFORMATION) ID PREFIX (X4) ID PREFIX TAG DEFICIENCY) TAG 2/23/2007 (W 128) Continued From page 14 1. The parents are no longer (W 128) administering medications without the administered. A bottle of Chloral Hydrate sedative had been MAR forms. The parents were trained prescribed and filled on October 11, 2006, at the on how to properly document the request of the parents. Interviews with the LPN medication administered and will turn Charge Nurse and the RN Nursing Director both indicated that the client received 25 mg Benadry) in the Mar's to the home after the visit. every evening and did not have trouble sleeping The Choral Hydrate was discontinued in the facility. The Chloral Hydrate was used only during the home visits with his parents. The on 2/5/07. buttle was approximately 55% full at the time of the survey. On February 1, 2007, review of Client #2's behavior support plan (BSP), dated 7/10/06, and psychological evaluation, dated 5/2/06, showed no evidence that the client had difficulty falling asleep. The BSF was not revised to reflect the 10/11/06 proposed addition of the Chloral Hydrate. It should be noted that on January 29, 2007, Client #2 was rushed to the emergency room after he lost consciousness at his day program. The client was discribed as non-responsive and 2. The Psychiatrist, psychologist, pharmacist, and PCP were all in the day program nurse reportedly was unable to concurrence that the Choral Hydrate detect a pulse. Mobody in the facility had was not needed. The Director of DCdetermined whether or not the client had received CLS, QMRP, house manager, and Chloral Hydrate during the weekend immediately parents met to discuss the current preceding the incident. regimen and they have been informed Client #2's routine, daily medication regimen of the risks and benefits of all included Klonopin, Clozarii, Cogentin, Benadryi medications administered. They also and Trileptal. Although the prescribing signed an informed consent psychiatrist had conducted monthly psychokopic acknowledgement form. medication reviews (PMR), review of the monthly PMR documentation failed to show evidence that the potential risks associated with the client's

medication regimen (possible side effects from

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CENTERS	MENT OF HEALTH S FOR MEDICAFIE OF DEFICIENCIES CORRECTION	AND HUMAN SERVICES 8 MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 09G168	a, building	E CONSTRUCTION	OMB NO. 0938-039 (X9) DATE SURVEY COMPLETED R 02/22/2007	
	CVIDER OR SUPPLIER	090.100	STREE	ET ADDRESS, CITY, STATE ZIP CODE 2 WILLTARY RD, NY		
ST JOHN	DAMPEN ST. T.		WA	SHINGTON, BC 20015	non	(XS)
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	nagetive drug intelled and extended the control of the climate the treatment plants of Chloral Highest to ensure 483.420(d)(1) \$100 CLIENTS	rage 15 tions as well as the potential for practions) had been clearly plained to the client's parents. Int's records also failed to show full interdisciplinary team had plais and risks associated with m, including but not limited to the orate sedation during home he client's health and safety. AFF TREATMENT OF develop and implement written reduces that prohibit aglect or abuse of the client.	(W 12fl) (W 149)			
	Based on intervi- tailed to consists procedures to plant welfare of the fin The findings inc. 1. Cross-refer I failed to implement	o W153 and W154. The facility sant its policies on reporting and				
	Interview with it Coordinator (IM agency required incident report takes place (de who witness or prepare an incident report gets of the report gets of the report gets of the report gets of the report gets of the report gets	ne facility's incident Management (ic) on 1/31/07 revealed that their is that the nome prepare an regardless of where the incident (i) program, for example). Staff itest team of an incident must cent report during the same shift forwarded to the Qualified Menta (i) program (QMRP) via the House (i) QMRP is then responsible for		1. The Incident Management Coordinator/QA will provide tra staff and nurses on incidents a reporting.	aining to all and incident	

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Summary strategies of Deposition of the Continued From page 16 sending a copy of the incident report to her, and to notify the DOH. The survey revealed that out of 13 incidents that presented a risk to elients' health or safety, only 1 incident was reported to the State agency/DCH. During the 1/31/07 interview with the facility's IMC, at 4:26 PM, she indicated that Client \$3 made an elegation of verbal abuse on 3/23/06. The client told staff at his day program that he was verpally abused by a staff person in his home. Further interviews with the IMC and the theh-QMRP row lack that she first learned of the int Ident in October 2006, after an outside office select the arbitrough the CMRP was made aware of the allegation the same day, he did not report it after taiking with day program staff and the client. The IMC stated that she first learned of the int Ident in October 2006, after an outside office select the relocut the incident. The IMC, however, also failed to report the allegation to DOH upon receiving the (late) information. 2. The facility failed to implement its Human Rights committee meets quarterly to review BSP plans and the administration of psychotropic medications. The guardian/family members are provided consents forms to complete indicating whether they agree or disagree with the BSP developed and/or medications prescribed. The Human Rights committee meeting is also involved in the one-on-one services for individuals. 2. The facility failed to implement its human Rights committee meets quarterly to review BSP plans and the administration of psychotropic medications in the suburbance of the service with the BSP developed and/or medications prescribed. The Human Rights committee meets quarterly to review BSP plans and the administration of psychotropic medications. The guardian/family members are provided consents forms to complete indicating whether they agree or disagree with the BSP developed and/or medications in the suburbance of the suburbance of the suburbance of the suburbance of the sub	CENTER!	S FOR MEDICAR S OF DEFICIENCIES CORRECTION	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDERSUPPLIENCUA IDENTIFICATION NUMBER: 09G168	A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 02/22/2007	
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sending a copy of the incident report to her, and to notify the DOH. The survey revealed that out of 13 incidents that presented a rask to clients' health or safety, cnly 1 incident was reported to the State egencyIDOH. During the 1/31/07 interview with the facility's IMC, at 4:26 PM, she indicated that Client #3 made an ellegation of verbul abuse on 3/23/06. The client told staff at his day program that was verbally abused by a staff person in his home. Further interviews with the IMC and the then-CMRP revealed that atthough the QMRP was made aware of the allegation the same day, he did not report it after takking with day program staff and the client. The IMC stated that she first learned of the incident in October 2006, after an outside office askied her about the incident. The IMC, however, also failed to report the allegation to DOH upon receiving the Claes information. 2. The facility failed to implement its Human Rights committee meets quarterly to review BSP plans and the administration of psychotropic medications. The guardian/family members are provided consents forms to complete indicating whether they agree or disagree with the BSP developed and/or medications prescribed. The Human Rights committee meets quarterly to review BSP plans and the administration of psychotropic medications. The guardian/family members are provided consents forms to complete indicating whether they agree or disagree with the BSP developed and/or medications prescribed. The Human Rights committee meets quarterly to review BSP plans and the administration of psychotropic medications. The guardian/family members are provided consents forms to complete indicating whether they agree or disagree with the BSP developed and/or medications prescribed. The Human Rights committee meets quarterly to review BSP plans and the administration of psychotropic medications. The guardian/family members are provided consents forms to complete indicating whether they agree or disagree with the BSP developed and/or medications prescribed. The	(X4) ID PREFIX	SUMMARY S (EACH DEFICIENT REGULATORY OR	Atement of Deficiencies Y must be preceded by full LSC !OENTIFYING INFORMATION!	IO PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP		(XS) COMPLETION DATE
mistreatment, neglect or abuse, as were as		sending a copy of to notify the DOH of 13 Incidents thin health or safety. It the State agency! During the 1/31/0 IMC, at 4:26 PM, made an altegation of the client told state and the client told state was variably abust home. Further in then QMRP revelled was made aware he did not report staff and the client learned of the incountied office as IMC, however, at to DOH upon resupport plan the strategies, such one-on-one staff w263] 3. The facility factories and w263] 3. The facility factories are the recolor all controlled the two clients in w365 and w385 and w385 and w385 CLIENTS	the incident report to her, and The survey revealed that out at presented a risk to clients' only 1 incident was reported to DOH. 7 interview with the facility's she indicated that Client #3 in of verbal abuse on 3/23/06. If at his day program that he ised by a staff person in his terviews with the IMC and the sled that although the QMRP of the allegation the same day, it after talking with day program that in October 2006, after an ited her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident. The lace her about the incident and it prior to the use of a behavior incorporates intrusive/restrictive as psychotropic medications and supervision. [See W124 and laced to implement its policy to rids of the receipt and disposition (lrugs were maintained for one of the sample. (Client #2). (See III)		quarterly to review BSP plan administration of psychotrop medications. The guardian/f members are provided consto complete indicating wheth agree or disagree with the Edveloped and/or medication prescribed. The Human Rig committee meeting is also the one-on-one services for a All controlled drugs are under double locks. The mounted before administration ensure remaining is concurred. Only the nurses an administer medication.	is and the sic samily sents forms her they as phits involved in rindividuals. Iocked sedication is tion to arrent with the	
Facility ID: DEG166 IF CASHELL DEG166 IF CASHELL DEG166		mistreatment, r	inglect of Bouse, as well as		SCHOOL IDE DESTES	motinuation she	 et Page 17

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DEPARTM	MENT OF HEALT'S	AND HUMAN SERVICES			(3) DATE SURVEY	
CENTER	S FOR MEDICAR		(X2) MULTIP	LE CONSTRUCTION	COMPLETED	1
一・マートを作りて (っと ひにさいた(をいな)長り	(X4) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	A. BUILDING	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	R	ł
ND PLAN OF	CORRECTION	i Garrina and a second	1		02/22/20	17
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· •		A36160	9770	EET ADDRESS, CITY, STATE, ZIP CODE		1
NAME OF PE	LOVIDER OR SUPPLIEF		30	112 MILITARY RD, NW		1
Infrareder m				ASHINGTON, DC 20015		
NHOL TE				THE PROPERTY OF CORRECT	DN CO	(X5)
(XA) (O PREFIX TAG	SUMMARY S' (BACH DEFICIEN' REGULATORY OF	ATEMENT OF DEPICIENCIES LY MUST BE PRECEDED BY FULL LISC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS FLAN (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD 0E	DATE
	Continued From I	page 17 In source, are reported administrator or to other ance with State law through	(W 153)			
	Based on interview facility failed to de abuse and/or injure reported to the decay.	is not met as evidenced by: we and record verification, the boument that all allegations of ries of unknown origin were esignated administrator and to rencies, as required by DC MR Chapter 35 Section		St. John's seeks to ensure that all all of mistreatment, neglect or abuse, a injuries of unknown source, are repointmediately to the administrator or officials in accordance with State law established procedures.	rted as	,
P .	3519.10) require state agency, event which sub resident's health being or in any risk by telephore followed up by worthe next work.	iz DCMR Chapter 35 Section is the group home to "notify the DOH" of any unusual incident or intantially interferes with a newlars, living arrangement, welfare the way places the resident at one immediately and shall be written notification within 24 hours a day." The DOH received ne incident (Client #1, on 1/13/07) nonth period since the last survey.		All staff and nurses will be trained by incident Management Coordinator/of ensure that reporting protocol is followed by the regulation of the persons as required by the regulation of the persons of the section 3519.10).	lowed by	
	On January 30, 5:27 PM, review followed by interpretarion Porthe facility falle following incide designated additional following incide designated additional following incide designated additional fallowing incide	2007, beginning at approximately of the facility's incident reports, eviews with the Qualified Mental d'essional (QMRP), revealed that d to document having reported the ents immediately to their ministrator and to the DOH: Taport dated 10/18/06 indicated nied on Client #2 "a scratch and		1. The Incident Management Cooperovide training to all staff and numericidents and incident reporting a DC regulation (22 DC Chapter 35	rses on s required by Section	3/19/ 07
	driver orders and			Reciery ID: 09G18b If con	tinuation sheet t	age 1801

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DEDART	MENT OF HEALTH	AND HUMAN SERVICES			,	OMB NO.	APPROVED 0938-0391
てみながいことで	S FOR MEDICA(3) OF DEFICIÊNCIES FOORRECTION	8 MEDICAID SERVICES (X1) PROVIDER/SUPPLIERCLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLET	LED.
	1	09G1 5 8	B. WI			ľ	V2007
NAME OF P	ROYIDER OR SUFFLIER			36	EET ADDRESS, CITY, STATE, ZIF CODE 112 MILITARY RO, NW		
MHQL TE				1	ASHINGTON, DC 20015 PROVIDERS PLAN OF CORRECT	TION	/٧4\
(X4) ID PREFIX TAG	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	(TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	10 PREF TAG		PROVIDERS FLAN OF LUNRAL (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	いしつ ひと し	COMPLETION DATE
(W 153)	incident report furtifice" and "Erne gi Staff notified the H was no documental administrator was a nursing progress in hospital ER on 10% abscess." No acidi available and the E an incident report, policies. In addition DOH of the ER vision 2. A nursing progress in detail vision area. The client had overnight visit with describe in detail vision sacral area. There incident report was discovery of this in 3. During a 1/31/0 the facility's Incide (IMC), at 4:28 PM made an allegation The client told state person in his home cursed at him. Fur and the then-QMF had been reported the residence. The that the client mide reportedly went to The QMRP said the "incident" because	cheek" at 5:00 AM. The ner indicated a "cut" on the ency Inpatient Hospitalization." ouse Manager, however, there ation available to verify that the promptly notified. Client #2's otes indicated that he went to a 20/06 for a "mandibular tional information was FR visit was not documented on in accordance with facility in, the facility failed to notify the	(W 1		2. The Director of Nursing will ensithe charge nurses trained will doct detail all findings on the individuals their care. 3. All allegations made by an individuals reported. The Incident Manage Coordinator will provide the neces training for all staff and nurses to incidents are reported an administ notified. The outcome of the inverwill attached to the report after continuous con	idual will ment sary ensure all trators are stigation	On- going 3/19/ 07

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES			OMB NO. 0	
TA YESAERIT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GUA IDENTIFICATION NUMBER:	(X2) MG A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SUS COMPLET	20
		096158	B, WING		02/22	2007
			<u> </u>	STREET ADDRESS, CITY, STATE, Z	IL CODE	
name of Pi	ROVIDER OR SUPPLIEF	,	- 1	3012 MILITARY RD, NY		
NHOL TE				WASHINGTON, DC 20015	P COMPETION :	IXE/
(X4) ID PREFIX TAG		atement of deficiencies Y must be preceded by full SC (Dentifying Information)	ID PREFU TAG		THE APPROPRIATE	(XE) COMPLETION DATE
			IVAL 1 G	331		
(W 153)	administrator at the she first learned of after an outside of the side ime. The IMC stated that the incident in October 2006. The incident in October 2006. The incident in a state of abuse was not	{W 18				
(W 154}	i 483,420(d)(3) ST. ^a CLIENTS The facility must li	OH prior to this survey. AFF TREATMENT OF Nave evidence that all alleged oughly investigated.	{W 1!	54) St. John's Community Ser ensure that the staff treat are in compliance with DC policy.	I I C O I II I C O I	
	Based on intervie	is not met as evidenced by: w and record review, the facility linjuries were thoroughly ne of the two clients in the).			an Consider well	3/19/07
	staff observed on swelling on the le incident report ful "face" and "Emer	ort dated 10/18/05 indicated that Client #2 "a scratch and ft cheek" at 5:00 AM. The ther indicated a "cut" on the gency Inpatient Hospitalization."		1. The Incident Manager provide training to all sta incidents and incident re by DC regulation (22 DC 3519.10)	aff and nurses on porting as required	
	up the chain of control further investigated. 2. A nursing protection that "swelling" was area. The client overnight visit will describe in detail area and did not command; there investigated by it	ist, that the incident was reported immand or that the injury was used. If ress note dated 7/5/06 indicated is observed in Client #2's sacral had just returned from an light is parents. The nurse did not what he observed on the sacral report it up the chain of lore the injury was not further the QMRP, as per the facility's		2. The Director of Nurs charge nurses receive to following orientation.	ing will ensure that all the necessary training	On- going
;	describe in detail	what he observed on me sacral report it up the chain of lore the injury was not further		Facility ID: CSG188	de neitsunitaco fi	e e

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PARTM	ENT OF HEALTH	AND HUMAN SERVICES 8 MEDICAID SERVICES	-			OMB NO. 0	WEY
NTERS	FOR MEDICALE	A PILL OF THE PROPERTY OF THE PARTY OF THE P	()C2) MUL	ltiple (CONSTRUCTION	COMPLET	
	まったたいに 「こうだい こうしゅう こうしゅう しゅうしゅう ENTIFICATION NUMBER:	A. BUILD	DING		F		
PLAN OF	CORRECTION	1	B. WING	2		62/22	/2007
		09G168	1			<u></u>	
			5	STREET	ADDRESS, CITY, STATE, ZIP CODE		
AE OF PRO	OVIDER OR SUPPLIEN		[3012	MILITARY RD, NW		į
			1	WAS	HINGTON, DC 20015	ATION!	(K5)
JOHN			10	1	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI		COMPLETION
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			(W 15	54}			
v 154}	Continued From :	page 20	*	-1			-
				1		•	l 3
1				į			ş.
:	examined him twi	o days later, on 7/7/06. The		ì			}
-	bCb tecommend	en strigery and days later, on		}			Ì
ĺ	Client Went to a S	Ingely Chillo 13 and wrote "100					
ļ		time the clinician wrote "no No additional information was	l	l I			į
Ì	drainage noted."	NO SOCIONE MARKET					
	a wilabia !		[W 1		t, John's Community Services Se	eks to	1
V 159}	483.430(a) QUA	PROFESSIONAL					
·	RETARDATION	PAGE EGGIOTA	1	f à		(((()()()()()()()()()()()()()()()()()()(1.
		ive treatment program must be linated and monitored by a 'etardation professional.		d d	ualified mental retardation profi	essional.	<u>}</u>
	This STANDARI Based on obser- and record revior Retardation Pro- adequately mon- clients' active to two of the two of and #2). The findings into 1. The QMRP day program w in his health sti had been take approximately described as the his right arm.	(1) is not met as evidenced by: "ation, staff and client interviews "IN, the facility's Qualified Mental "Jessional (QMRP), failed to pitor integrate and coordinate eatment and health services, for stents in the sample. (Clients #1 clude: fittled to ensure that Client #1's res informed of a significant chang alus and new medication orders. 1, 2007, at 6:49 AM, interview with tall person revealed that Client #1 in to an emergency room (ER) 3 weeks earlier. The client was peing unable to stand up or move A: 6:52 AM, interview with Client #1 The dient goesetty gone to the ER.	¥1 ·		1. The day programs are inform visits, medical appointments, ar hospitalizations. They are also productor release slips and physicis with changes as needed. This done by the RTL and followed QMRP. The QMRP will provide information and address any company arise.	orovided ans orders, is usually up by the additional	
	He said they h	est run many tests at the hospital,			24	continuation sh	net Page 21
L		Services Charles Event ID-P99	G812	F	aquity ID: DRG 168	COINTINGUES ST.	, <u>u</u>

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	07 02:12 FAX A	LOND HUMAN SERVICES				FORM OMB NO.	03/12/2007 APPROVED 0938-0391 JRVEY
ENTERS	FOR MEDICARI	& MEDICALISM FRICUS	(X2) ML)LTIPLE	CONSTRUCTION	COMPLE	TED
	OF DEFICIENCIES CORRECTION	DENTIFICATION NUMBER:	A BUIL	DING		F.	R
D PLAN CH	CORRECTION		B. WIN	s		02/2	2/2007
		096168	1	-	TATE THE CODE		
				STREE	TADDRESS, CITY, STATE, ZIP CODE		
AME OF PR	OVIDER OR SUPPLIER			3012	MILITARY RD. NW SHINGTON, DC 20015		
MHOLTE				WA.		CTION	(XS)
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			(W 1	59}	·	from	1
W 159}	Continued From	page 27	•	1	The discontinuance of aspirin	licted Sched	
	however to date,	tie had not been told the			#1's medication regimen was	110/44	-
	results/findings.	Laura Manager indicated that		- 1	on the physician's order.		}
] !	1		-	
	. the bullary care	entischemic attack (TIA) and		į			Ì
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			1	1			
٠.	effective Januar	y 16, 2007. [Note: While the	ļ	i			
			!	İ			
.77	day) had been d	recontinued on the been d/c'd in	Ì				1
•			į	{			Ì
			i	1			-
	taken to the ER	on Saturday, January 13, 2007.	1	1			Ì
			1	Ì	1.6		i
	An visit to Clien	tilit's day program was conducted			The day program was infor	lan M€σ mar	i
		(iii) 5 day program 2(07, between 12:55 PM and 2:24 with the Program Director and the			#1 would be out from the oprogram. Upon his return t	he dav	1
			ļ		program, upon his return of program was provided a re	lease slip	į
	1 I	THE FIRST LIMITING TOWNS IN THE PROPERTY OF TH	ì		from the PCP. The former	OMRP	ļ
			Ì		i εmerod sho day πτοπτάπις i	l	
			ļ		: Documber and inform€0 tr	e stan	
			Ì		that a new QMRP would be	e taking	ļ
i	on Tuesday, Ja	annary 16, 2007 indicating the	, į		over the home.	•	1
	client would be	out that day for "multiple medical"	í				<u>{</u>
	appointments.	They both repeatedly said they yunaware that he had been to the	,				j
			<u>!</u>				ļ
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1	that the client	MSS DOM bigscrings again	Ì		<u> </u>		į Į
	instead of ast		-				ļ 1
` \	leary in the fa	city, the QMRP and Charge Nurs	ie				
1	Hawk it will thou	ight that the day program had been	II į				<u></u>

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03/13/2007 02:42 FAX 2024429430 HRA PRINTED: 03/12/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) DATE SURVEY COMPLETED (XZ) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER: A BUILDING AND PLAN OF CORRECTION 02/22/2007 A WING 891980 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3012 MILITARY RD, NW WASHINGTON, DC 20015 (75) COMPLETION DATE ST JOHN PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) iO PREFIX TAG DEFICIENCY) {W 159} Continued From page 22 (W 159) i notified of the ER visit and the TIA; however, no documentation was made available for review to A medical and psychological substantiate their account. affidavit had completed in the 2. Cross-refer to 'N124-1. Client #1's ISP, dated 5/3/06 indicated that the client was unable to evident #1 is ever in a state make informed decisions. The psychologist, where he is unable to state however, indicated in a 5/2/06 evaluation that the whether or not he wants to have client could process some information when a medical procedure done. The explained in simple terms. The psychologist, however, used this term "may be able to..." when documents were re-submitted to discussing the "concept of power of attorney...." the assigned case manager to The QMRP failed to elicit timely guidance and Instruction from Client #1's interdisciplinary team be submitted and have a limited regarding the client's capacity to process medical guardian appointed. information, make informed decisions and whether or not to pursue a court review of the dient's mental capacity and guardienship needs, 3. A current BSP for #2 has to ensure that his rights were protected. been obtained and filed in the 3. The QMRP failed to ensure that Client #2's record that reflects the current BSP was revised to reflect the addition of a new medication regimen for the psychotropic medication. The most recent BSP in his record, and the one being implemented by individual. The chloral hydrate staff, was dated #/3/06. Review of the client's was discontinued on 2/5/07 and POs. however, revealed that Chloral Hydrata the physician's orders reflect the (PRN, at bedtime for sleep) had been added to discontinuance of medication. his medication regimen on 10/11/06. 4. A treatment plan meeting 4. The QMRP failed to ensure that Client #2's washeld on 2/23/07 that included record included avidence of an interdisciplinary team (IDT) review of potential side effects the Director of Nursing, Director associated with his medication regimen, and of CLS-DC, house manager, analysis of sign/hymptoms of possible side effects that the client might be currently exhibiting. QMRP, parents and the individual to discuss all On January 31, 3007, at approximately 8:22 AM, the immediate-past QMRP was asked whether

Client #2 was exhibiting any signs/symptoms of

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STREET ADDRESS, CITT, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES [PA] ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE RECEDED BY FULL TAG) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) TO DEFICIENCY) W 159} Continued From p sge 23 (W 159) Continued From p sge 23 and benefits. The parents were provided a list of all the Modern adverse side effects at this time." The OMRP said his write blood sell count was being monitored closely. He said the client burned excessive calonies by remaining in constant motion. "like an O yrapic marathon runner." administered along with their risks and benefits. The parents signed off on the continuously fldget with his pants, belt and socks. He stayed in constant motion and appeared restless. Staff described him as agitated at times, and in constant motion, which was also documented in the record. The client was documented in the record. The c	EPARTMENT ENTERS FOI ATEMENT OF DEF ID PLAN OF CORR	R MEDICARE INCIES	AND HUMAN SERVICES & MEDICAID SERVICES (X4) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILD		(X3) DATE SI COMPLE	0938-0391 JRVEY THED R 212007
## JOHN Sulmany Stittement of demolerations Sulmany Stittement of demolerations PREFX TAG	· .		09G168	1	TOREY ADDRESS, CITY, STATE, ZIP CODE		···
Summary statement of periodical structures PREFIX READ REPORT AUST BE PRECEDED STRUCTURE PREFIX REQULATORY ORLS DEPORTPYING INFORMATION) TAG		r or supplier	•		WASHINGTON, DC 20015		125)
side effects. He ruplied "Not to my knowledge, no known adverse side effects at this time." The OMRP said his white blood cell count was being monitored closely. He said the client burned excessive calories: by remaining in constant motion, "like an O ympic marathon runner." Throughout the survey, Client #2 was observed to continuously fidget with his pants, belt and socks. He stayed in constant motion and appeared restless. Staff described him as agisted at times, and in constant motion, which was also documented in the record. The client was prescribed Coger an for excessive drooting. In September 2005, he experienced two episodes of fainting with low 1 food pressure and dehydration. He became unconscious without a pulse on January 29, 2007. The client's chart did not include a listing of known side effects of his prescribed medications (which included Klonopin, restlessness, loss of appetite, inability to control movements and mood swings. 5. The QMRP failed to show evidence that Client #2's parents, who served as his designated surrogate health care decision-makers, had received a full review of the risks associated with his medication raiginen and treatment plan, and potential drug interactions. 6. The QMRP failed to document an interdisciplinary learn discussion of welghing the benefits and risks associated with Ofient #2's interactions.	(NA) ID PREFIX	SUMMARY STI EACH DEFICIENC EGULATORY OR I	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING (NFORMATION)	PREFIX	(EACH CORRECTIVE ACTION OF		COMPLETION
	W 159} Consider no k Constant	tinued From prefects. He received adverse RP said his will his will his will his will he said his will he said his constant in the said his constant in the said his constant in the said his constant in the said his mented to recognite a listing said his received a listing edications have said he constant in the const	sign 23 splied "Not to my knowledge. side effects at this time." The side effects at this time." The lite blood cell count was being He said the client burned by remaining in constant lympic marathon runner." livey, Client #2 was observed to the with his pants, belt and socks. Itent motion and appeared scribed him as agitated at times, rotion, which was also le record. The client was rain for excessive drooling. In the experienced two episodes of thood pressure and dehydration. The client's chart did not for known side effects of his cations (which included Klonopin th, Benadryt, Trileptal as well as PRN). In addition, the QMRP we that the aforementioned list of the potential to cause drooling. In odd swings. Thield to show evidence that Client he served as his designated the care decision-makers, had regimen and treatment plan, and the reactions. filled to document an y team discussion of weighing the steam discussion of weighing the steam discussion of weighing the steam discussion of weighing the steam discussion of weighing the steam discussion of weighing the steam discussion of weighing the	T 12	and benefits. The parer were provided a list of a medications being administered along with risks and benefits. The parents signed off on the informed Consent for the difference of Medications. 5. At the treatment planeeting on 2/23/07 the parents of #2 was protected in the parents of medications. 5. At the treatment planeeting on 2/23/07 the parents of #2 was protected in the parent provided the signed in guardianship paperwork. The parents with placed in the medications being administered along the risks and benefits. The parents signed off of informed Consent for Medications.	all the n their he the Use an e vided nip nts votarized ork on een I and ISP ere the with their he or the Use	

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PRINTED: 03/12/2007 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLA STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER A. BUILDING AND PLAN OF CORRECTION 02/22/2007 # WING 69G18B street address, city, state, zip cods NAME OF PROVIDER OR SUPPLIER 3012 MILITARY RD, NW WASHINGTON, DC 20015 ST JOHN (XS) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD DE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES IO. PREFIX (EACH DEFICIENC! MUST BE PRECEDED BY FULL REGULATORY OR LSG (DENTIFYING INFORMATION) (XA) 10 TAG DEFICIENCY PREFIX TAG 2/23/ was held on 2/23/07 that included the (W 159) Continued From page 24 (W (59) Director of Nursing, Director of CLS-DC, failed to implemen; the facility's incident management policies, to include reporting house manager, QMRP, parents and the allegations of abuse and injuries of unknown individual to discuss all medications on origin. According to interviews and review of the his current regimen with the risks and facility's policies, the QMRP was responsible for reporting incidents to outside entities, including benefits. The parents were provided a the Department of Health. The survey revealed list of all the medications being 10 incidents from the past 12 months that were administered along with their risks and not reported outskie of the agency. In addition, the QMRP failed to complete an incident report benefits. The parents signed off on the following a client's allegation that staff had Informed Consent for the Use of verbally used him. Several injuries of unknown Medications. The minutes, agenda, and origin were not investigated, due in part to the failure to ensure that incident reports were the attendees are in the client's record. prepared and sent up the chain of command, in 7. The Incident Management 3/19/ accordance with policies. Coordinator/QA will provide training to all (W 263) 483.440(f)(3)(ii) PROGRAM MONITORING & (W 263) staff and nurses on incidents and CHANGE incident reporting as required by DC . The committee should insure that these programs regulation (22 DC Chapter 35 Section are conducted only with the written informed consent of the client, parents (If the client is a 3519.10). minor) or legal guardian St. John's Community Services seeks to ensure that the Human Rights This STANDARD is not met as evidenced by: Committee uses programs that have Based on observation, interview and record written consents. review, the facility's specially-constituted committee (Human Rights Committee, HRC) failed to ensure that restrictive programs were #2's parents signed a written consent for used only with written consents, for one of the two the BSP and one-on-one services for clients in the sample. (Client #2) behavioral interention and safety precautions. The findings include: Cross-refer to W124. During the January 30, 2007 observation of the medication administration, Client #2 received Clonazepam 2 mg and Clozapine 200 mg. Interview with the

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PRINTED: 03/12/2007 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X5) DATE BURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (NO) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A, BUILDING AND PLAN OF CORRECTION 02/22/2007 a. Wing 09G168 STREET ADDRESS, CITY STATE, ZIP CODE 3012 MILITARY RD, NW NAME OF PROVIDER OR SUPPLIER WASHINGTON, DC 20015 (XS) COMPLETION PROVIDER'S PLAN OF CORRECTION FROM DETAILS TOWN OF CORRECT TON SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE ST JOHN SUMMARY STATEMENT OF DEFICIENCIES DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR SC (DENTIFYING INFORMATION) TACE DEFICIENCY (XA) (D PASFIX TAG (W 263) Continued From page 25 House Manager/TME and LPN Charge Nurse and √W 263} record verification revealed that these medications were prescribed in conjunction with a behavior support plan (BSP). The client was also assigned one-on-one supervision for 16 hours during awake hours for behavior intervention and safety. There was no evidence of written consent for the aforementioned behavior intervention program, Review of Human Rights Committee minutes for the plist 12 months revealed no evidence that the committee had determined whether the parents had been asked to provide written consent. The survey revealed no evidence that the HRC had advised the facility on how to ensure thist written consent was obtained St. John's Community Services seeks to prior to the use of restrictive strategies. ensure that interventions are in place to IW 285) 483.450(b)(2) MISMT OF INAPPROPRIATE manage inappropriate behaviors of (W 285) CLIENT BEHAVIOR individuals. Concerns and issues are Interventions to manage inappropriate client discussed with the HRC to ensure that behavior must be employed with sufficient the safety, welfare and civil rights bare safeguards and supervision to ensure that the safety, welfare and civil and human rights of protected. 2/1/07 clients are adequately protected. The PCP and the Medical Team completed a thorough evaluation of #2's medical record on 2/1/2007. The This STANDARI) is not met as evidenced by: Based on staff interview and record review, the evaluation went back to 2004. A facility failed to sumpley sufficient safeguards to diagnosis of syncope was the result and ensure the safety and welfare of one of the two he was prescribed Fludrocortisone for clients in the sample. (Client #2) treatment. The etiology of the fainting spells is still being investigated. #2 saw The findings include: the cardiologist recommended an event Cross-refer to YV318.A. Immediate Jeopardy was called on Thursday, February 1, 2007. The monitor for 30 days. He still has another facility was not able to demonstrate that it had week with the monitor and then he will ensured Client #2's safety at all times, including

03/13/2007 02:44 FAX 2)24429430

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ND PLAN OF	CORRECTION		A. BURDING		02/22/	
IAME OF PR	ROVIDER OR SUPPLIER	09G168	1 34	CET ADDRESS, CITY, STATE, ZIP CODE 112 MELITARY RD, NW		
ST JOHN	SUMMARY ST	TEMENT OF DEFICIENCIES MUST BE FRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	VASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEPICIENCY)		OATE COMPLETION OATE
TAG {W 285}	Continued From positive administered medications and intervience that the cornor has pulse-le medication regime included routine of Cogentin, Benadr Hydrate was president and during the atthematicate and deciminate of the risk medications and drug interactions			A treatment plan meeting was had 2/23/07 that included the Direct Nursing, Director of CLS-DC, had manager, QMRP, parents and individual to discuss all medical his current regimen with the rist benefits. The parents were proof all the medications being according with their risks and benefits signed off on the Information of the Use of Medical Consent for the Use of Medical the limited medical guardian. The forms were notarized and IS placed in #2's medical and IS	tor of touse the stions on sks and ovided a list dministered efits. The rmed ations. and signed paperwork. d have been	2/23/ 07 3/06/ 07
(w 31	In general, the firme parents, with establishment of for negative drug Hydrate, Clozar others). The factor of the 2 pulse-le in the 4 months episode) and with might place the blood pressure 11) 483,450(e)(2) for the pressure of the pressu	acility deferred decision-making to cut evidence of oversight and final agreements. There was potential ginteractions between the Chloral limit Cogentin (among the cause is episodes in September 2006 that passed (prior to the 1/29/07 hether the Chloral Hydrate PRN client at risk, including acute low events and/or cardiac failure.	{w 3	The choral hydrate was dis and the parents have been documenting the medication form. They were informed form needs to be complete home visit and returned to when the visit is completed.	n on MAR that this d with every the home	2/5/07

A429430 ERA AND HUMAN SERVICES MEDICAID SERVICES (1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER: D9G168	a Build B. WING	STREET A	ILITARY RD, NW	OMB NO. 09 (XS) DATE SURV COMPLETE! R 02/22/2	E4 38-0391
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is not met as evidence of		10	edications prescribed and	their i	
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y approved in	i !-	Ì		nat	i
transmit hisparam, 101	1	i T	he IDT team were award	sleep aid	2/1/07
nts in the sample. (Client #2)	1	; B	Benadryl was being used a	and the	ļ
		رع ا	or #2 The IDT team oppos	sea the	}
(:S :	į	i.	use of chloral hydrate (as a	sleep alu)	
vicings Citant 豊づち	1	} '	and a their concerns ki	nown to	
24 and W283. Unching daily	ļ	} 4	and made their containing		
Ellebal Trileotal	Ì	t	the prescriping physician.	haunitana	
DEN (at his parents)	į	ļ -	The choral hydrate was dis	med that	1
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a sleep aid during his home	Ì	- 1	the medication would not	eting was	0.000
y failed to document an	}				2/5/07
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er is monitoring and identify	\	•	1		
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co-dance with clients needs [Se	æ			If continuation 4	heet Page 2
	is not met as evidenced by: Inview and record review, the Vide evidence that drugs used If approved by the Im and were used in In active treatment program, for Into in the sample. (Client #2) Its:	is not met as evidenced by: view and record review, the vide evidence that drugs used e approved by the im and were used in in active treatment program, for into in the sample. (Client #2) (155. 124 and W285. Client #2's in included routine daily i. Cogentin, Benadryl, Trileptal I. Hydrate PRN (at his parents) It sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if sleep aid during his home if the treatment plan. In lifty had no documented evidence if the health care if had received a full review of the if with the medications and and potential for drug interactions. If CARE SERVICES at ansure that specific health care shrents are met. On is not met as evidenced by: contain, interviews, and record clift failed to establish systems to contain monitoring and identify would ensure nursing services were containce with clients needs [See	is not met as evidenced by: rview and record review, the vide evidence that drugs used approved by the im and were used in active treatment program, for the in the sample. (Client #2) (IS: (24 and W285. Client #2's in included routine daily Cogentin, Benadry!, Trileptal I Hydrate PRN (at his parents' indrate was prescribed in it sleep aid during his home by failed to document an instreats, who served as his contacts, who served as his contacts, who served as his contact health care is, had received a full review of the invith the medications and and potential for drug interactions. The CARE SERVICES at ansure that specific health care sments are met. ON is not met as evidenced by: contact and record cility failed to establish systems to contact and record cility failed to establish systems to contact and record and identify would ensure nursing services were contact and record services were contact and record services were contact and record and identify would ensure nursing services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were contact and record services were	is not met as evidenced by: rview and record review, the vide evidence that drugs used a approved by the im and were used in in active treatment program, for into in the sample. (Client #2) tiss: 24 and W285. Client #2's in included routine daily i. Cogentin, Benadryl, Trileptal i. Hydrate PRN (at his parents' i. Hydrate was prescribed in its sleep aid during his home is sleep aid during his home is sleep aid during his home is sleep aid during his home is takens of the treatment plan. In lifty had no documented evidence ix rents, who served as his orgate health care is, had received a full review of the and potential for drug interactions. The choral hydrate was dis and the parents were infort the encication would no lo used. A treatment plan me held on 2/23/07 that includ Director of Nursing, Direct DC, house manager, QME and the individual to discumentations on his curren with the risks and benefits parents were provided a la medications being admin with their risks and benefits parents were provided a la medication would no lo used. A treatment plan me held on 2/23/07 that includ Director of Nursing, Direct DC, house manager, QME and the individual to discumentations being admin with their risks and benefits parents were provided a la medications being admin with their risks and benefits parents were provided a la medications being admin with their risks and benefits parents were provided a la medications being admin with their risks and benefits parents were provided a la medications being admin with their risks and benefits parents were provided a la medications being admin with their risks and benefits parents were provided a la medications being admin to the risks and benefits parents were provided a la medication would no lo used. A treatment plan the choral hydrate was dis and the parents were the prescribing physician. The IDT team were aware the Benadryl was being used a for #2. The IDT team were the parents were aware infort the prescribing physician. The choral hydrate was dis and the parents	IDT team stays informed of medications prescribed and their usage. The IDT team were aware that usage. The IDT team were aware that been active treatment program, for an active treatment program, for this in the sample. (Client #2's the included routine daily and made their concerns known to the prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the state was prescribed in the prescribing physician. The choral hydrate was discontinued and the parents were informed that the parents were informed that the medication would no longer be used. A treatment plan meeting was held on 2/23/07 that included the Director of Nursing, Director of CLS-DC, house manager, QMRP, parents held on 2/23/07 that included the Director of Nursing, Director of CLS-DC, house manager, QMRP, parents and the individual to discuss all medications on his current regimen with the risks and benefits. The parents were provided a list of all the medications on his current regimen with their risks and benefits. The parents were provided a list of all the medications being administered along with their risks and benefits. The parents were provided a list of all the medications being administered along with their risks and benefits. The parents were provided a list of all the medications being administered along with their risks and benefits. The parents were provided a list of all the medications being administered along with their risks and benefits. The parents were provided a list of all the medications being administered along with their risks and benefits. The parents were provided a list of all the medications being administered along with their risks and benefits

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ST JOHN				WA	TOURSE TO THE PROPERTY OF CORRECT	TION	COMPLETION
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1	Continued From p W331]; failed to e record was mainte failed to ensure th accordance with p error [See W3368 periodically recon W396]; and fatted drugs [See W390 Immediate Jeope February 1, 2007 demonstrate that at all times, inclu parents 1. On a bi-wack Client #2 to his p parents adminis home visits but	risure an individual medication ained for one client [See W365]; fait clients recived medications in obysician's orders and without and W369]; failed to clie a schedule 3 drug [See 1" o remove from use outdated 1". The facility was not able to the facility was not able to the facility was not able to the facility was releasing the medications during the ware not documenting the date, of the order of the medications	}	118}	Sthe document. John's Coomseek to ensure the safety of a all times, including home vist. 1. This is no longer an issue tretament team meeting was included the Director of nurs CLS, QMRP, parents, house individual to ensure that the of medications administered.	for #2. A s held that ling, Director manager, and documentati are consister	of d the ion
	time or amounts administered. The with some pills of containers. 2. Client #2 was on January 29, visit that morning while at day properties according to standard and interested and inte	cf any of the medications the client returned to the facility or capsules remaining in the 2007. He returned from a home ag and collapsed later that day agram, with no pulse. This had in September 2006 and laft, nobody had determined the health emergencies. The client's ry ews failed to show documented the team had considered whether liendes were caused by the inch. His medication regimen a rtaily Klonopin, Clozari,			The partents were trainled on MARS. 2. The IDT team completed the current medication regin	an evaluatio	30011
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ENTERS FOR MEDICAF TEMENT OF DEFICIENCIES PLAN OF CORRECTION	H AND HUMAN SERVICES E & MEDICAID SERVICES (X1) PROVIDENSUPPLIENCLY IDENTIFICATION NUMBER:	A. SUILDIN	PLE CONSTRUCTION	(A3) DATE SUI COMPLET R 02/22	(EO
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ME OF PROVIDER OR SUPPLIE	3	1 1	BOLZ MILITARY RD, NW		
NKQL T		1	WASHINGTON, DC 20015 PROVIDERS PLAN OF CORE	ECTION	(XS) COMPLETION
SUMMARY!	STITEMENT OF DEFICIENCIES NOT MUST BE PRECEDED BY FULL R LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE ALL DEFICIENCY)	HOULF DG .	DATE
3. Client #2 had however, the Citober 2006. how much Chio has potential for medical literature be performed a (along with bloth his most recent #2's para surrogate heal received a full the medication for drug interations for the client's primary care in medications of the client's primary care in medications of manifestation be wrong with work-up was	the parents' home). It is parents' home). It is parents' home). It is parents' home). It is parents' home). It is parents' home). It is parents' home). It is parents' home). It is parents' home). It is parents' home started in Nobody could say how often or rail Hydrate he received. Clozaril resurgests that an ECG should per eximately every 3 months od work), the Charge Nurse said sproximately every 3 months of work), the Charge Nurse said selic and selic and selic and in 2003. It is no documented evidence that selic, who served as his designated their decision-makers, had review of the risks associated with a said treatment plan, and potential their primary care physician he routinely deferred to the country deferred to the sychiatrist for monitoring and review psychotropic medications. The physician also indicated that the highir be causing the pulse-less if there was nothing determined this heart. A complete cardiology scheduled for February 7, 2007.		3. The physicians are to another approach with because the ECG required individual to sit still for minutes. In #2's case to impossible. 4. A treatment team meeting was held on 2 included the Director of CLS-DC, how manager, QMRP, pare individual to discuss a medications on his curegimen with the risks benefits. The parents provided a list of all the medications being ad along with their risks. The parents signed of Informed Consent for Medications.	#2 ires an 45 hat will be 2/23/07 that of Nursing, ouse ents and the irrent and were ne ministered and benefit	e
interdisciplina benefits vers	y failed to document an my team discussion of weighing the us risks of the treatment plan.	• } } {.		÷	
decision-mail of oversight	I, the facility deferred king to the parents, without evidence and establishment of safeguards, oter tial for negative drug interaction Chipral Hydrate, Clozaril and	ens		If continuation st	2000

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	#Z flas a diagnosis		On-
(W 318)	syncope and is currently	ment	going
	receiving adequate treat	inlogiet	
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	fried challe are relate	d to his	
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	heart condition (initial)	v outflow	
	prolapse and pulmonar	y Duition 1	
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(AA 22	the cardiologist when the	ne	
	the cardina is complete.	_	: 1
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	a A treatment plan me	eting was	1
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} _ =		Constitution sh	cet Page 3
	•	syncope and is currently receiving adequate treat He is also seeing a card who currently has him of event monitor to see if the fainting spells are related heart condition (mitral with prolapse and pulmonar murmur). He will follow the cardiologist when the monitoring is complete. 6. A treatment plan me held on 2/23/07 that in Director of Nursing, Director of Nurs	syncope and is currently receiving adequate treatment. He is also seeing a cardiologist who currently has him on an event monitor to see if the fainting spells are related to his heart condition (mitral valve prolapse and pulmonary outflow murmur) He will follow-up with the cardiologist when the monitoring is complete. 6. A treatment plan meeting was held on 2/23/07 that included the Director of Nursing, Director of CLS-DC, house manager, QMRP, parents and the individual to discuss all medications on his current regimen with the risks and benefits. The parents were provided a list of all the medications being administered along with their risks and benefits. The parents signed of on the Informed Consent for the Use of Medications. The agenda, meeting minutes, and informed medication consent

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		I AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 03/12/2 FORM APPROV OMB NO. 0938-0	VED
STATEMEN	it of deficiencies of correction	(X1) PROVIDER/SUPPLER/CLA IDENTIFICATION NUMBER:	(X2) MI	ULTIPLE CONSTRUCTION (7	(X3) DATE SURVEY COMPLETED	
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{W 331}	Continued From pa	ge 31	(W 35	31)		
	Records (MARs) silvers reviewed after administration on 1 Manager/TME was PRN medications in	tication Administration and physician's orders (POs) rethe morning medication anuary 30, 2007. The House unable to locate the following at the facility that morning: coratadine D-24 Hr, 1 tab as		. The Director of Nursing vensure that all prn meds for each individual is in the home. 2. DDS will be contacted to a referral for another dentition that is able to render the contacted to the contacted to the contacted to render the contacted the contacted to render the contacted the contacted the contacted the contacted the contacted the contacted the contacted the contacted the conta	or omes. o get st)7
		ylenol 325 mg, 2 tabs (650		needed by the individuals. 3. The charge nurse will er	}	
	suppository rectally The House Manage had been a "temposi papers dated April recommended the There was no evids order had been time	anusol Suppositories, 1 as needed for hemomoids, e//TME said he thought this rary use. Hospital discharge 24, 2006 indicated they had suppositories for 7 days. ence, however, that the original e-limited and/or that the PCP		that result of tests and outcomes are obtained in timely fashion. A record o examinations and procedu will be maintained in the records.	f	
	(4) Client #1's C Inhale 2 puffs 4 time expired in November			4. The Director of Nursing ensure that all her staff is documenting properly all changes on the physician order.		·
	ensure that Client # addressed timely, reflect any monitori status of the cames	/356. Nursing staff failed to 1's dental needs were The client's chart did not ng or follow-up regarding the I found in teeth #13 and #32 in I months before the survey.		2. The QMRP will ensure contact with MAA to find s of the authorization as Dr. states that MAA did not prauthorization.	status	

3. Nursing staff failed to maintain Client #1's

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	07 92:47 FAE 2					PRINTED: 0 FORM AI OMB NO. 0	PROVED
CENTERS	S FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES [X1] PROVIDER/SUPPLIFIED	(02) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
- Annear Print (JF DEFICIENCIES CORRECTION	DENTIFICATION NUMBER:	A BUIL	,DING		02/22	
	09G168		g, vvin		EET ADDRESS, CITY, STATE, ZIP CODE		2001
NAME OF PR	ROVIDER OR SUPPLIER	, L		30	12 MILITARY RD, NW /ASHINGTON, DC 20015		
NHOL Ta		AND MICE	- ID	<u></u>	PROVIDER'S PLAN OF CORR		(XS) COMPLETION DATE
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR	ILTEMENT OF DEFICIENCIES O'T MUST BE PRECEDED BY FULL 1.5C IDENTIFYING INFORMATION)	PREF	•	CROSS-REFERENCED TO THE R		
	procedures, 25 to Oir January 31, 2 review of Client # polyps removed to on September 7, instructions said plan repeat example of the 9/7 biopsy." The assiste instructions to review of the numerous failed to si sought the test of the higher indirection of the biopsies. The reviewed Client he could not find more than 4 more than 4 more than 4 more than 4 more than 4 more than 4 more than 4 more than 4 more than 5 more than 5 more than 6 more than	illows: CO7, at approximately 2:27 PM, it's chart revealed that he had 3 diving a colonoscopy performed 2:006. The discharge to "cell 9/16/96 re: biopsy and in." A nursing quarterly update to colonoscopy and "cold essment did not, however, reflect to call back on 9/15/06. Further receives assessments and progress occur evidence that the facility had essutts for inclusion in the client's liv, interviews with the LPN and the House Manager revealed withing knew the outcome/findings. Minutes later, the Charge Nurse #1's chart and acknowledged that it he biopsy results documented, on his. [Note: Interview with the protype were benign.] If failed to properly document of ents' physician's orders, as and #4 both received Metamucil 1 and #4 both received M	ad each	331}	completed however did not reflet back on 9/15/06. Discussions will indicated that she had received the PCP. In the future the RN withat the nursing notes and/or as document reflect all aspects of splan. 4. SICS continues to monitor monthly basis inclusive of consistency in the individual fact the home was in the mitthe chart assessments for CSt. John's acknowledges the	notice from will ensure sessments the treatment on ampleting chart als served. In det of completilient # 2.	ng
	pass. Client a Spelium 100 n however, refle dated 1/19/07 prune juice by	cup (Colace). Their charts, octain the following telephone order: "ciscontinue Docusate, start was mouth 4 oz every morning follows."	if,		to be written more clearly a reflect meetings and instruction members knew of the 2/1/1 because this was communifrom the RN. The order was	tions. All team of start date cated to them	\ (
	House Manag	geriTME and LPN Charge Nurse			C. W. ID: 00G188	if continuation s	neet Page 33 c

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/13/2007 02:47 FAX 20	124429430 HRA			PRINTED:	03/12/2007	
/13/2007 02:41 122 2				FORM A	PPROVED	
EPARTMENT OF HEALTH	AND HUMAN SERVICES			OMB NO.	2050	
EPARTMENT OF HEALTH ENTERS FOR MEDICARE	& MEDICAID SERVICES	AND AND A TIPE	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ENTERS FOR MEDICAL	(X1) PROVIDER/SUPPLIER/CLIA			R		
TEMENT OF DEFICIENCIES PLAN OF CORRECTION	(DENTIFICATION NUMBER	A. BUILDING			2/2007	
PLAN OF COROLLO		A WING		02/2/	2/2001	
	090168	1	ET ADDRESS, CITY, STATE, ZIP CODE		1	
0.1000 TER		\$01	2 MILITARY RD, NY		•	
ME OF PROVIDER OR SUPPLIER	•	W	AGUINGTON, DC 20035			
MHOL TO				CTION	COMPLETION	
	ATEMENT OF DEPICIENCIES	PREFIX	PROVIDER'S PLAN OF CORN	PROPRIATE	DATE	
(XA) ID (EACH DEFICIENC PREFIX REGULATORY OR	ATEMENT OF DEFICIENCES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	YAG .	CROSS-REPERLICIENCY)			
	**	(W 331)				
W 331) Continued From F	age 33	1			1	
both stated the ch	ange would take effect	(•		
Lohniaty 1, 2001	as be a made in at this	1				
PHAS(CIST) 2 MISKO	"" I I I I I I I I I I I I I I I I I I	ı			1	
was why Clients *	The sale accepted Docusate.		i L		ļ	
Metamucii and L	2007 POs included				j	
Similarly, Client	(iii)O/ml, 1 T (15 ml) by mouth world that morning. However,	!				
Certavite Figure	exercised that marning. However, strong order signed by the RN	1			į	
daily, which he to	prione order, signed by the RN	1				
there was a recen	on 1/19/07, that said to	:			.]	
Nursing Oreston	on 1/19/07, that said to Dirtaylte and begin "Benoca Plus "The order did not indicate	}	1			
Giscontinua vie	"he order did not indicate	ì			ļ	
whether this wou	old be in capsule or liquid form				1	
and it did not sta	out the correct dosage. LPN	Ì			İ	
Charge Nurse Id	TOKEL SE THEY WERE DO!	!				
nrders and acki	a sony chart data.	ì			1	
Written to reflect	a replace confirmed that the	}				
The RN Nursing	offective February 1, 2007.	1	Ì			
changes were	Str. Dog to a contract of the	1	Ī		ļ	
	Cis from the past 12 months	1	i i			
D. Client #45 h	e was prescribed Fludrocortisone However,	'	:		2	
Indicated the	nt of eczema. However,	{			Ì	
חכבו-פנועפע כמ	nt of eczema. However, minunications with the facility RN minunications with the facility RN minunications was prescibed	: 1			į	
			!		<u> </u>	
to treat his mit	ral valve prolapse.		Ì		į	
1	idealified these	1	1		į	
The nursing be	earn had not identified these	1	7			
discrepancies	prior to the survey.	{W 3	38}			
TW 338) 483 460(c)(3)((A) MOKONIA OFFICE	1			i	
	include for those clients	• (1		1	
Nursing service certified as no	ces must include, to transplan, a of needing a medical care plan, a care beauty which must result is	1	سندها دو د د د د د د د د د د د د د د د د د د	or used to	i i	
certified as no	of needing a medical care plant of the sith status which must result in the sith status which must result in a	n :	The fludrocortisone is beir address issues relating to	syncope. Du	ring ¦	
詩。 16AleM Ot men	r health status which referral to a yaution (including referral to a yaution client health problems).					
any necessar	y aution (including telephone).	j	review of the chart, the telescope lessue. This was reviewed	with the sur	/eyor	
Diff Sicial to a			by the Residential Director	Г.	Ì	
1 1		l	DA tue Kepinennia pulgar		i	
. 1	AR() is not met as evidenced by:	1	1 -		sheet Page 34	

3/13/200	7 02:48 FAX 20)24428430 ERA				PRINTED: 03	- ばいるにつ
		AND HI MAN SERVICES				OMB NO. 09	50-0331 EV
EPARTME	ENT OF HEALTH	& MEDICAID SERVICES	(XZ) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
=NTERS	EOK WEDIAN	ER/CLIA	A, BUIL			R	
	DEFICIENCIES ORRECTION	DENTIFICATION NUMBER:	1			02/22/2	007
I PUAN OF C		100455	a Mik				
		09G168		STREET	ADDRESS, CITY, STATE, ZIP CODE	I	
	VIDER OR SUPPLIER	· ·	1	1 40421	MILITARY KIN, NEED		
	, p. 1			WAS	HINGTON, DC 20015	ECTION	(X5)
MHOL T		OTNOES	10		PROVIDER'S PLAN OF COMME	HOULD BE	DATE
(X4) (D PREFIX TAG	SUMMARY ST (EACH DEFICIEN REQUIATORY OR	LTEMENT OF DEFICIENCIES AND THE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	FRES	G	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ACTION DEFICIENCY)		
		- 24	W }	33 8 }		ļ	1
W 338)	Continued From I	page 34		}		ļ	1
-	Speed on mervic	manufact services for one of	Ì	1		j	1
į'	failed to ensure u	the sample. (Client #1)	}	ļ		i 1	
			1				
•	The findings incl	nişe;	1	}			
, !		that Client#1	į	i			\
3. :	Nutsing size ion	cire in a timely manner, as					1
) 	follows:		j	Ì	•		}
)	\	and at approximately 3:15	1	1			
1	1. On January	31, 2007, at approximately 3:15 Signt #1's record revealed that on	į	į			
· ·	, DIM TOVIEW OF U	THE THE STREET AND ASSESSED BY DE		1			·
<u>}</u> "	November 25,	2035, the definish diagram #32." extract teeth #13, #20 and #32." 10 months before additional	}	{			1
	The client walk	th the manufacture and the street to the	e	į			
	dental services	ed 10 months before addition in were provided. He returned to the tember 27, 2006 and had one took	th i	ļ			
}	dentist on Sept (#20) extracted	(CS1:) Property (CS1:)		Ì			1
	(#20) EXITAGIO		ng				
\	Z. The client's	of art did not reflect any monitoring	_		St. John's Community Serv	ices tries to get	i
	or follow-up TB	ga ding the status of the carries vo leeth (#13 and #32) 14 months	-		St. John's Community Services for all of the	e indivoluais a to be medicai:	4 ∖
1	I found in the IV	AG ISSU (4.		(W 356)	dental services for all of the served. The issues continuations as reported	by the Dentist.	1
1		COMPREHENSIVE DENTAL		(4,4 02	authorizations as reported	_,	,
\ {W 350	TREATMENT		1		In the future, the QMRP w	fill ensure prope	
1	1	a comprehensive dental			documentation of the cha	r and all of the	_ +
\\\	The facility m	ust ensure compressions vicis of pain and infections.	- † -		follow up.		
	treatment ser	vices that include infections, sile of pain and infections, and maintenance of denta	s ;		The QMRP is seeking to f	ind another dent	iSt i
11.	restoration of	elief of pain and intecession of denta f teeth, and maintenance of denta	. }		The QMRP is seeking to that will accept additional	patients so that	3/20/07 ie
	health.		į		that will accept additional timely and comprehensive will be obtained.	e deurar coverag	,- ; ;
		ARI) is not met as evidenced by					, .
· ;	This STAND	cord review, the facility failed to	WO !				
- 1	Based on the	cord review, the facility takes to ly dental services, for one of the to cornels (Client #1)	170		1		,
l l	clients in the	sample. (Client #1)			į		<u> </u>
1	1		f			S employation :	sheat Page 35 a
1	The finding	incit des:			Facility ID: 00@168	d echironaeus.	"

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, 	07 02:48 FAX II	AND HUMAN SERVICES				OMB NO. 0	PROVED 938-0391
CENTERS DECIMENT	FOR MEDICARE	: & MICLUMAND SILITING	men as		CONSTRUCTION	(X9) DATE SURT	NEA.
e a trouble bit of	ェ うききはらとべいころ	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			ŀ	}
ND PLAN OF	CORRECTION	IDENTIFICATION REMOCE	A. SUILDING			R	
			B. Wit	NG		02/22/	2007
		096158	<u> </u>		T ADDRESS, CITY, STATE, ZIP CODE		1
LAME OF PR	OMOER OR SUPPLIER			301	2 MILITARY RD, NW		
	•			W	SHINGTON, DC 20016		
ST JOHN			1D		SOCIADEDIS DI AN OF CORRE	CTION	(XS) COMPLETION
450 45 475 1	SUMMARY ST	TEMENT OF DEFICIENCIES	PREF		CROSS-REFERENCED TO THE APP		DATE
(X4) (O PREFIX	(EACH DEFICIENC	THEMEN BE PRECEDED BY FULL I, BC IDENTIFYING INFORMATION	TA	3	DEFICIENCY		
TAG	REGOLATOR						
		75	{W 3	366}			•
(W 356)	Continued From p	age as	•	ļ		•	
I		soot at approximately 3:15		Ś	ee above.	ļ	
	1. On Jenuary 31	. 2007, at approximately 3:15 or t #1's record revealed that on		ļ		į	
į				Į		;	
į .						1 2	
,				Ì	•		
JL :	#20 and #az.	or September 27, 2006 and hed		}		ļ	
	tooth #20 extracts	ec .	Ì	· į		· ·	
T.				j		1	
(\$1.14 14.	2. The client's ch	halt did not reflect any monitoring	1				
			1				l İ
	I found in the IWO I	Billy (# 12 bile heat)	}			-!	
.:	earlier, in Novem	best 2005.	i				1
	i it should be noted the was asked on	d that Client #1 replied "no" when Lanuary 31, 2007, at 4:24 PM,	İ	365}			,
i (AA 302)	i An Individual me	dication administration record					2/23/07
	must be maintain	ned for each client	-		The parents are no longer admi	nistering	2120141
Ì	1		1				!
4	THIS REANDAR	D is not met as evidenced by:					į
1		HW THEM SING INCOME TO THE TOTAL STATE OF THE STATE OF TH	Ì				ļ
1			İ				
					A Geoglewant DIAN INCCUIP	4 AACTION 11	
	two clients in the	e sumple. (Client #2),	į		2/23/07 that included the bird	nouse	1
	ĺ				Nursing, Director of CLS-DC,, I manager, QMRP, parents, and		1
1.00	The finding incl	udes:					1
•			1		regimen with the risks and be	nefits. The	
1	On a bi-weekly	basis, the facility was releasing	ļ				
	Client #2 to his	parents in norma visite spaces o	n				.
1		dication Administration Records			i	DD1 04444 2	۱
}			ĺ		off on the Informed consent	and use of	
		PERCONDICIONAL CONTRACTOR AND AND AND AND AND AND AND AND AND AND	;		medications.		
					11 January 1	-	
	but wels upt or	y of the medications administered	l,		1		
	Smouths of any	,			Facility ID: 02G169	continuation she	et Page 36 o

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	ENT OF HEALTH	I AND HUMAN SERVICES	1	a see to	CONSTRUCTION	FORM OMB NO.	03/12/2007 APPROVED 0988-0391 JRVEY
NTERS	LOW MITTHES	(XI) PROVIDER/SUPPLIER/CLIA			COMMINGEN	COMPLE	
TEMPNT OF	DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A SHI	DING) R	
PONT OF T	••••		B. WIN	G		02/2	2/2007
		09G168					-
]	STREE	T AMORESS, CITY, STATE, AF CODE		
ME OF PRO	IVIDER OR SUPPLIER		Ì	307	2 MILITARY RD, NW ISHINGTON, DC 20015		_
MHOLT				YYA	PROVIDER'S PLAN OF CORRE	MORT	(XS)
,		ATEMENT OF DEFICIENCIES	10				COMPLETION
XALID I	SUMMARY S	TY MUST BE PRECEDED BY FULL OF IDENTIFYING INFORMATION	PREF TAC		(EACH CORRELITIVE ACTION OF CROSS-REFERENCED TO THE AFF	ROPRIATE	Ì
TAG REGULATORY OF	Y MUST BE PRECEDED ANATION)	***	` ;	DEFICIENCE		-	
			.051				
	Continued From I	-эде 36	[W 3	(co			ļ
				i			İ
į .	n a January 24. 4	rediate-past Qualified Mental		ļ			i ·
ì	7,51 AW, the that	essional (QMRP) indicated that		{			
]	the grands had I	infused earlier requests to	j :	Í			į
	gge parento neoici	ations. Further interviews and	! }	į			!
į	record review rev	realed no system had been	ļ	i			i
		CARD THE LEGALET WALLE	1	j			1
	the medications	Client #2 received.	1	1			
į			}	Ì			1
:	It should be note	d that on January 30, 2007, at	•	1	·		1
,		use Manager stated that the LPN aseks the medication" for the	1	Ś			į.
,	Charge Nurse "F	leaves them with the House	ļ				j
	home visits and	ge ziploc bag. During the	į				ì
	Manager in a lar	ga zipioc bag. Danna 17 Interview, at approximately 7:58	;]				1
	January 31, 200	ate-past QMRP was asked					
			1				Í
	Wilderste Bach Di	gint (a typical visit includes	.				1
	Saturday and \$	gint (a typical visit in additional or day nights). He replied "I'm not ur day nights). He replied "I'm not ur day nights the medications for	: 1		1		
	100% sure th	e nurse packs the medications for			j		i
	the family." App	proximately 50 ml of a 180 mi	هد ا		1		
			~ 				1
	noted that during	ng the February 5, 2007 Exit	1		!		
			1				!
			1				ļ
			{V	V 368	}{		ţ
W 368	483.460(k)(1) l	DRUG ADMINISTRATION	i				1
•	1		ł		1		;
	The system to	r drug administered in compliance wil	ן מל				1
	the physician's	oriers.					1
	ale hitasions, a	rate name	ŧ				i
	i	٠٠٠ــــ و و	}				1
	This STANDA	RD is not met as evidenced by:					į
			,		į.		i
			- (i		1
					}		į
	キャー・ハンドウ(さ)(さ)のご	e or ages. 10) one or one	-		;		
i	l iding in the	tacility. (Client #4)	!				shoot Bane 37

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PRINTED: 03/12/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARIE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 02/22/2007 e. WING pgG168 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3012 MILITARY RD, NW WASHINGTON, DC 20015 ST JOHN (X5) PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ጋላፕሮ PREFIX TAG (X4) 10 PREFIX REGULATORY OR I.SC IDENTIFYING INFORMATION DEFICIENCY TAG (W 368) Continued From page 37 (89E VV) 3/15/07 The findings include: 1. The morning medication pass was observed on January 30, 2007. At 7:41 AM, the House Manager/Trained Medication Employee (TME) The delegating RN reviewed the presented a bottle of Fluticasone Nasal Spray 50 documentation and provided training to the mog (Fionase) and stated that the bottle was TME on documentation on the MAR's. empty. Client #4's orders said to administer 2 inhalations twice daily for treatment of allergies. The House Managar/TME further stated that Client #4 had received the Flonase spray during the morning and evening med passes the day before and that it had just run out. It should be noted that a review of the client's January 2007 Medication Administration Record (MAR) revealed no documentation that Flonase had been administered at any time during the month. 2. Client #4's POs included Nasonex 50 mag Nasal Spray, 2 sprays once daily, each nostril, treatment 7 AM. The House Manager/TME said he thought they were PRN. He further stated that he administered medications on most (but not all) mornings. Review of the client's January 2007 MAR revealed no slocumentation that Nasonex had been administered on any morning during the month. (W 369) 483.460(K)(2) DRUG ADMINISTRATION {W 369} The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

This STANOARD is not met as evidenced by: Based on observation, interview and record

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PARTME	ENT OF HEALTH	AND HUMAN SERVICES 8 MEDICAID SERVICES		CONSTRUCTION	OMB NO	APPROVED 0938-0391 URVEY
POST APPLIED APP	りゃらんにおりはる	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	A. BUILDING	CONSTROLLE	COMPLETED R 02/22/2007	
plan of C	ORRECTION		g. WING			
-		096168	ATREE	T ADDRESS, CITY, STATE, ZIP COD	E	
	ADER OR BUPPLIER		3012	MILITARY RD, NW SHINGTON, DC 20015		
_ אאסר.		TOP DEMOISSING \$	(D)	PROVIDER'S PLAN OF CORP EACH CORRECTIVE ACTION !	SMUNICO DE	COMPLETION CATS
XA) 1D PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REPERENCED TO THE A	PPROPRIATE	
n		age 38 failed to ensure that prescribed diministered as prescribed, for this in the sample. (Client #4)	{W 369}			
	January 30, 2007 orders (POs) afte	ication pass was observed on Review of clients' physician's rwards revealed that Client #4's				
i.	sprays once daily The client had no morning. The Ho interviewed imme spray was PRN, it that he administed not all) mornings 2007 MAR reveal Nasonex had be	treceived Nasonex spray that treceived Nasonex spray that purse Manager/TME was entiately. He said he thought the not treatment. He further stated and medications on most (but Review of the client's January and documentation that en administered on any moming				
(W 386)	RECORDKEEP	NG NG	(vv 386)			
	controlled drugs subject to the C	, on a sample basis, periodically selpt and disposition of all in schedules It through IV (drugs or or prehensive Drug Abuse Control Act of 1970, 21 U.S.C. implemented by 21 CFR Part				
	Based on observerification, the	ID is not met as evidenced by: rvition, staff interview, and record facility failed to maintain records on of all controlled drugs, for one in the sample. (Client #2)	of			
1	1	•	1	1		i i

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	TOF HEALT!	AND HUMAN SERVICES	·			(XX) DATE SI	0938-0391
THE PERSON AS DE	FICIENCIES		(XZ) MULTIPLE CONSTRUCTION			COMPLETED	
ND PLAN OF COR	RECTION	DENTIFICATION NUMBER:		DING		1	R
		09G168	B. WIN				2/2007
			<u> </u>	STRE	ET ADDRESS, CITY, STATE, ZIP CO	DE	
NAME OF PROVID	er or supplier			30	12 Military RD, NW Ashington, DC 26015		
ST JOHN				VV.	AND ADDRESS OF AN IDE CO.	RECTION	(XE)
(X4) IS PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SCHOOLINE	COMPLETION
On ord observed that the the second the Art of the Control of the Second the	ers (POs) were ervallons mad dication pass and written order tread as follows to one table seded." The order trained Medicarched through dis locked nurse Chloral Hydraniew of Client ministration Repaired was a creamber 2006.	age 39 OT, Client #2's physician's reviewed in order to verify to during the morning At approximately 9:15 AM, a dated 10/11/06, was observed as: "Chloral Hydrate 500 mg lic> by mouth in evening as der did not indicate a purpose or ention. When asked to locate it, cation Employee (TME) the medication (file) cabinet se's closet but could not locate itse's closet but could not locate itse's closet but could not locate itse's January 2007 Medication ecords (MARs) and typed POs it to show evidence that Chloral arrent medication. The client's f'Os (typed by the pharmacy) oral Hydrate order. There was a since then to discontinue the	{W 3	ļ	During the survey it was revier initation of the chlorohydrate of follow SJCS policies, procedure protocols. The chloral hydrate order was and removed.	es and	2/20/07
A Price of the control of the contro	edication. approximately escription medians still held to beerved in the lanager/TME elurse routinely ne bag before in	y 9:35 AM, a plastic bag filled with the containers (some empty, medications in them) was file cabinet. The House explained that the LPN Charge packed Client #2's medications in weekend visits with his ouse Manager/TME would then	7		Protocol for home visits is i	n place.	2/20/07

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PRINTED: 03/12/2007 FORM APPROVED OMB NO. 0938-0391

CENTERS TATEMENT OF NO PLAN OF C	FOR MEDICARIE	& MEDICALO SERVICES & MEDICALO SERVICES (X1) PROVIDERISUPPLIERICLIA (DENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION		URVEY
		CENTERS FOR MEDICARIE & MEDICAID SERVICES CENTERS FOR MEDICARIE & MEDICAID SERVICES (X1) PROVIDER:SUPPLIER:CLIA (DENTIFICATION NUMBER:		DING	(X3) DATE SURVEY COMPLETED	
JAME OF PRO	099168		s. WING	·	02/2	2/2007
VAME OF PRO		33617-		STREET ADDRESS, CITY, STATE, Z	IF CODE	
	MOER OR SUPPLIER			3012 MILITARY RO, NW WASHINGTON, DC 20016		
MHOL TE				DUDIAGER'S PLAN O	E CORRECTION	()<5)
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y WUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	PREFIX		CTION SHOULD BE THE APPROPRIATE	DONPLETION DATE
	he parents were it if the Chloral Hydronic The Chloral Hydronic The immediate parents were not it hey administered february 1, 2007, RN Nursing Directly the bottle among the co's remaining in the survey reveal when, how often,	MRP and House re unsure at that time whether locumenting the administration rate. In the LPN Charge Nurse and at QMRP confirmed that the focumenting the medications during the weekend visits. On at approximately 5:30 PM, the for examined that approximately administered, with another 110 the bottle. ed that facility staff did not know or in what amount the Chloral andministered. There was no				
	avidence that the the disposition of Drug. Chloral Hydrate order for Chloral "30 table." On Fin Director confirm nursing progress documentation in Chloral Hydrate tablet form. At 6 asked the LPN C why the change is reportedly said hybramacy and "tipost-survey quel Chloral Hydrate is liquid form.	the Controlled Schedule III		390)	if continuation st	

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DEPART	MENT OF HEALTH	I AND HUMAN SERVICES				PRINTED: FORM / OMB NO.	03/12/2007 APPROVED 0938-0391
TATEMANI	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLA	(XZ) MULTIPLE CONSTRUCTION			(X3) DATE SU COMPLE	RVEY FED
MO PLAN O	CORRECTION	IDENTIFICATION NUMBER:	A BU	LONG		R	
		03G168	B. Wit	4G		02/22/2007	
NAME OF P	ROVIDER OR SUPPLIER			30	ET ADDRESS, CITY, STATE, ZIP CODE 12 MILITARY RD, NW		ļ
ST JOHN	ł			W.	ashington, DO 20015		
(X4) (D PRÉFIX TAG	シストリントのことののほとしつ	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF YAU		Provider's Plan of Correc (Each Corrective Action Sho Cross-Referenced to The Appr Deficiency)	ULD BE	COMPLETION DATE
(W 390)	Continued From parties facility must reduced.	age 41 smove from use outdated	(W S	(06:			
	Record on observa	is not mat as evidenced by: don and interview, the facility om use, out dated medication.					
T i	The findings lacku	ie:					!
	made on January Manager/Trained	medication pass observations 30, 2007, the House Medication Employee (TME) te the following 2 medications Client #1's January 2007					
	puffs 4 times daily approximately 8:3 searched through and could not lock	eler (order: 15/GM Inhele 2 PRM for asthma"). At 5 AM, the House Manager/TME the medication (file) cabinet the inhaler. At 8:41 AM, he d nurse's closet nearby. The it the medication (cartridge) had r 2006.	1				
E pare!	Lepray (Fignase).	found Fluticesone 0.05% nesal The label indicated the so expired in November 2006.			7		
	the medications in House Manager/ Charge Nurse rouths medicine can	ed the labels and confirmed that lad expired. At 8:47 AM, the FME stated that the facility's stinely checked medications in linet and the closet. He then use anything over there" while rse's closet.			1 and 2. All expired medications removed from the medication cal 2/2/07. The Director of Nursing the medications.	binet on	2/2/07
1	It should be note	j that the pharmacist					1